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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Cr. Properties Solution Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Onelia M. Duran

Name of Person

Properties Solution Services, LLC

Firm/Company

11865 SW 26 Street, J-7

Address

Miami, FL 33175

City/State and Zip Code

info@miamipermits.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruliak Filgueiras

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Properties Solution Services, LLC		· <u>-</u> -			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on of Liability Company)	ur re <u>cords.</u> )			
The Articles of Organization for this Limited Liability Compan Florida document number L0600100427	rganization for this Limited Liability Company were filed on April 30th, 2014 and assigned number L06000100427				
This amendment is submitted to amend the following:	nent is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the design	ation "LLC" or t	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	···		201		
			COST   Western		
Enter new mailing address, if applicable:			ST. O		
(Mailing address MAY BE A POST OFFICE BOX)					
		* No man	35 <u>- C</u>		
		<del></del>	<del>0</del> <del>0</del> <del>0</del>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		records, ent	er the name of the new		
Name of New Registered Agent: Arshad V	iqar ·····				
New Registered Office Address:	Enter Florida str	reet address			
	701 1.3				
	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my d provided for in Chapt e address, I hereby co	uties, and I a er 605, F.S. C nfirm that the	m familiar with and Or, if this document is limited liability		
If Cha	anging Registered Agent, <u>S</u>	<u>ignature of New</u>	Registered Agent		

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action Rao Gollaville K 11865 SW 26 St, J-7 **MGGM** □ Add Miami, FL 33175 Remove Arshad Vigar 11865 SW 26 St, J-7 **AMBR** ■ Add. Miami, FL 33175 ☐ Remove □ Add □ Remove ☐ Remove □ Add

☐ Remove

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective (The effective the date this	date, if other than the date of filing:
Dated	· · · · · · · · · · · · · · · · · · ·
	Du au Chol
	Signature of a member or authorized representative of a member
	Onelia M. Duran
	Typed or printed name of signee

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Filing Fee: \$25.00 -----

