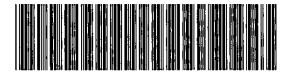
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(Requestor's Name)
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K.SALY EXAMINER FEB - 3

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT: <i>IDEAL</i> (PROPERTY SOLU Name of Limi	TTONS, LLC ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		ALEXANDER SA	Name of Person	
		SASTRI ENTERF	PRISE LLC Firm/Company	
		241 5 Royal Po	inciana Blud Apt Address	201
			Flori'da 33166 City/State and Zip Code	
		I Jeal PSCFL 6 gr E-mail address: (1	mail. Com to be used for future annual report no	tification)
For furt	her information co	ncerning this matter, please ca		
Ale	Name of	Person	at (<u>305</u>) <u>\$12 - 9</u> Area Code Daytin	ne Telephone Number
Enclose	ed is a check for the	e following amount:		
ps \$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:

TO:

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

FILE	D
2016 FEB -2 PM	li: 2

Joseph Property Solutions, LL. Name of the Limited Liability Compa (A Florida Limited)	C With the land of
The Articles of Organization for this Limited Liability Company Florida document number <u>L/50000</u> 65905	
.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	241 5 Royal Poinciana Blud Apt 201
(Principal office address MUST BE A STREET ADDRESS)	241 5 Royal Poinciana Blud Apt 201 Miami Springs, FL 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	241 5 Royal Polneiana Blud Apt 201 Mismi Springs, FL 33/66
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	from our records:	anage, enter the title, name, and address $\frac{r}{r} \int_{-r}^{r} \frac{1}{r} r dr$	
MGR = M		2011) -
AMBR = A	uthorized Member <u>Name</u>	anage, enter the title, name, and address 2016 FEB - 2 PM 4 Address Address	: 26 Type of Action
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Alexander Sastri Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00