16000073810

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COVER LETTER

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SUBJECT:		Property Solutions LLC		
Sobole 1.		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Harry P Malone		
			Name of Person	
			Firm/Company	
		2675 Arborwood Rd		
			Address	
		Davie F1 33328		
			City/State and Zip Code	
		epsolutionsemail@gmail.co		<u> </u>
		E-mail address: (to be used for future annual report notif	fication)
For further i	nformation c	oncerning this matter, please co	all:	
Harry P Ma	llone		at () 990-6165 Area Code Daytime	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.001	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

Enhanced Property Solutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000073810}{L16000073810}$.	were filed on 4/15/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2675 Arborwood Rd	ALL 77 C
(Principal office address MUST BE A STREET ADDRESS)	Davie FI 33328	5 75
Enter new mailing address, if applicable:	2675 Arborwood Rd	<u>6</u> / / / / / / / / / / / / / / / / / / /
(Mailing address MAY BE A POST OFFICE BOX)	Davie Fl 33328	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		enter the name of the nev
	, Flori	da
		my come

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Gladys L Steiner	14401 W Palomino Dr	□ Add
		Southwest Ranches FI 33330	■ Remove
MGR	Harry P Malone	2675 Arborwood Rd	■ Add
		Davie FI 33328	□ Remove
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Effective date, if other than the (If an effective date is listed, the date mu	date of filing	12/18/17	a data of filing o	r more than 90 day	optional)	unnt to 605 07
Note: If the date inserted in this b document's effective date on the fi	lock does not m	eet the applica	ble statutory fi	ling requirement	s, this date will n	not be listed
he record specifies a delaye The 90th day after the rec		ate, but not	an effective	e time, at 12:	01 a.m. on th	ne earlier
Dated December 18th	,	2017	<u>.</u> .			
,	1	PM.	alor	ے		

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Typed or printed name of signee

Filing Fee: \$25.00