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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	of Status
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SECRETARY OF STATE
AHASSEE FLORIO

D. BRUCE JUL 28 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Property Improvement Solutions 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:
Wolf Francois Name of Person
Property Improvement Solutions
4863 Walden Orcle
Oplando FL 3281) City/State and Zip Code
Wiff Franco Ba Valvo. Com / Property imp Solution  E-mail address: (to be used for fittere aroual report notification)  D. Garcilla Com
For further information concerning this matter, please call:
Wolf francois  Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:    S25.00 Filing Fee   S30.00 Filing Fee &   S55.00 Filing Fee &   S60.00 Filing Fee   S60.00 Filing
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 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**

Property Impr Name of the Limited Ulabil (A Florid	evement solutions lity Company as it now appears on our records.)  da Limited Liability Company)	LLC			
The Articles of Organization for this Limited Liability (Florida document number 4800016072)	Company were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or t	he abbeniation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)	5527 23			
		mon as m			
Enter new mailing address, if applicable:	<del></del>	555 = 1.0			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florid:	a			
	City	Zip Code			
New Registered Agent's Signature, if changing Registere	ed 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Wolf Francois	4863 Walden Circle Orlando, FL 32811	<b>D</b> Add
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Effective date, if If an effective date is Note: If the date is document's effecti	listed, the date munserted in this b	st be specific and c lock does not me	annot be prior et the applic	able statutory fi	r more than 90 day			
ne record speci The 90th day			te, but no	t an effective	e time, at 12	:01 a.m. or	the earlier	of:
Dated July	1 19	) OD 5.6	2018					
		Signature of a me	ember or autho	orized representat	ive of a member			
		10 -		d name of signee				

Page 3 of 3

Filing Fee: \$25.00