L21000012126

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
cunteca.	• •	anagement Solutions LLC	•	•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		Bryan Silberberg		
			Name of Person	
			Firm/Company	
		5080 Sanctuary way A		
			Address	
		west palm beach, Fl, 3341	7	
			City/State and Zip Code	
		Propertymanagementsolution	ons21@gmail.com	
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation co	oncerning this matter, please c	all:	
Bryan Silber			561 667-9457 at ()	
	Name of	f Person	Area Code Daytii	nc Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Address gistration S vision of C		Street Address: Registration Se Division of Co	
). Box 632	•	The Centre of	-
Tal	lahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

property management solutions LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 5/19/21	and assigned
lorida document number 1.21000012126		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	y company here:	
TOP NOTCH POOLS LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	r the abbreviation "L.L.C."
Catana and a simulation of the sandaness of applicables		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		
Inter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		
-		
		. ~
. If amending the registered agent and/or registered office add	iress on our records, <u>enter th</u> e	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
	· ——	25
New Registered Office Address:	Enter Florida street address	<u> </u>
	emer Pioriau sireet daaress	
	, Flori	da
	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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
	 		□Add
		□Remove	
			☐ Change
			□Add
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		····	□Remove
			□ Change
			□Add
		<u>. </u>	□Remove
			□ Change

		
		-
E ffective d a fan effective	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of fili	(optional) ing or more than 90 days after filing.) Pursuant to 605.020
Note: If the	date inserted in this block does not meet the applicable statuto	ry filing requirements, this date will not be listed a
uocument S	effective date on the Department of State's records.	
	if and the state of the state o	1
e recora spec rd is filed.	cifies a delayed effective date, but not an effective time, at 12:0	i a.m. on the earlier of: (b) The 90th day after the
05/19 Dated	2021	
	The D	
	Barry MUI	
_	Signature of a member or authorized representation	entative of a member

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