121000196972

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

Office Use Only



800374040788

10/01/21--01013--004 **25.00

2521007-1-341-9:21

Michala

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | |
|-------------------------------|--|---|---|
| 4.15.11.00 | ffer Properties, LLC | • | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Trey Vollmer | | |
| | | Name of Person | |
| | 24-Hour Offer Propeties, | LLC | |
| | | Firm/Company | |
| | 12771 Caribou Court | | |
| | | Address | |
| | Jacksonville/ Florida 322 | 46 | |
| | ••• | City/State and Zip Code | |
| | treyvollmer3@gmail.com | | |
| | | to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please c | all: | |
| Trey Vollmer | | 904 716-7113 at () | |
| Name o | f Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for the | ne 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 Addres | | Street Address: | |
| Registration S | | Registration Section Division of Corporations | |
| Division of C P.O. Box 632 | | The Centre of T. | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24-Hour Offer Properties, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/27/2021 _____ and assigned Florida document number 1.21000196972 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 24-Hour Offer LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | 🗆 Remove |
| | | | [] Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| , | |
|------------------------|--|
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 |
| ote: If | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records. |
| ocamen. | s circuite date on the separation of state wifecolors. |
| record s I is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | September 27 ^{+L} , 2021. Signature of a member or authorized representative of a member |
| ated | ullet |
| ated | 7500 |

Typed or printed name of signee