L20 0000196741

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

Office Use Only

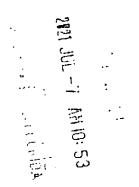


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G97 Property Solutions LC 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:	
Whitney Barnes Name of Person	
697 Property Solletions LI	<u>'</u> C
2315 AVPILINO AVE	
SOIN+ CLOUD FL 34771 City/State and Zip Code	
whitney change barnes a gmall. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (305) 479 6801 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000196741</u> .	were filed on 0612312021 and assigned
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 Liabil	ity 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)	2315 Avelling Ave Soint Cloud, FL 34771
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3901 NW 79+4 Ate - 541+e 245 # 1802 Miami, FL 33166
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: 2315 Saint	AVEINO AVE Enter Florida street address Cloud Florida 3477 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 =	Man	ager	
			_

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Add Add BRemove
			□Change
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			Change
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			□Change