## 4000000013593

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		••
,, e13D 1154	Distressed I	Real Estate Quick Solution LLG	C	
SOBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Homere Hyppolite		
		Distressed Real Estate Qui	Name of Person ck Solution LLC	
			Firm/Company	
		4843 Devon eir	Address	
		Naples FL 34112	•	
		heavybiz@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furtl	her information c	oncerning this matter, please ca	atl:	
Homere	Hyppolite		239 571-3086 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	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 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

Distressed Real Estate Quick Solution		<del>.</del>	<del></del>	
( <u>Name of the Limited</u> ) (A	Liability Company as Florida Limited Liabili	it now appears on our ly Company)	records.)	
The Articles of Organization for this Limited Liabsellorida document number L100000013593		filed on 02/24/2011		and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, <u>enter the new name of th</u>	e limited liability	company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Co	mpany," the designatio	n "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable $oldsymbol{\mathbb{R}}$	<u> </u>			
Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>		•	
			<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<del>ن</del> و		
				24
	e address here: HOMERE /			
New Registered Office Address:		Enter Florida street	address	
_	Naples		, Florida	34112 Zip Code
	,	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Princivil Dumorne	4843 Devon cir Naples FL 34112	
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ective date, if other than the date of filing:	(antional)
n effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory f	filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective field. The second is filed.	lphae time, at 12:01 a.m. on the earlier
The Sour day after the record is med.	
10/25 2018	
$\frac{10/25}{6} = \frac{20/8}{6}$	
Signature of a member or authorized representa	

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Typed or printed name of signee