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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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### COVËR LETTER

TO: Registration S Division of Co			
Rescue Prp SUBJECT:	poerty Solutions, LLC		
SOBOLOT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are subsondence concerning this matter	_	
	Doug Johnson		
		Name of Person	
	Rescue Property Solutions,	LLC	
	, , , , , , , , , , , , , , , , , , , ,	Firm/Company	
	2903 W. New Haven Ave	#312	
		Address	
	Melbourne, FL 32904		
		City/State and Zip Code	
	rescuepropertyinfo@yahoo.	com to be used for future annual report notifi	SEC. 2015
For further information of	concerning this matter, please ca	·	2015 JUL 22 F SECRETARY OF ALLAHASSEE, P
Doug Johnson		321 431-1592 at ()	
Name o	of Person	Area Code Daytime	Telephone Number 5
Enclosed is a check for t	he 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

Rescue Property Solutions, LLC		
(Name of the Limited Lial (A Flor	bility Company as it now appears on our	r records.)
The Articles of Organization for this Limited Liability Florida document number L10000104291	Company were filed on October 6.	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our i	SECRETARY OF START the name of
registered agent and/or the new registered office at	uultss iitt.	> 0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
_		, Florida
	Сиу	Zıp 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> **Address** Type of Action □ Add \_□ Remove □ Change \_□ Add ☐ Remove ☐ Change \_□ Add □ Remove Change 22 Remove Change \_□ Add □ Remove ☐ Change \_□ Add □ Remove ☐ Change

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti	ive time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	ive time, at 12.01 a.m. on the earner
11	
red May 21, 2015.	
Vara Phin	
Signature of a member or authorized represent	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

### Certificate of Amendment

The following amendment signed by all managers of Rescue Property Solutions LLC, under the provisions of the State of Florida whereby a resolution in writing signed by all principal managers entitled to vote shall deem to be adopted as of May 11, 2010.

Amended equity table

Doug Johnson 30%, Angela Johnson 30%, Jordan Plofsky 40%

Doug Johnson Joseph W. John Date: 5/21/15
Angela Johnson  Date: 5/21/15
State of Florida County of BREVARD
This instrument was signed before me on MAY 21, 2015
by DOUGLAS W. JOHNSON AND ANGELAC. JOHNSON
Print name of signer(s)  RAMSES RODRIGUEZ MY COMMISSION #FF022313 EXPIRES: JUN 15, 2017 Bonded through 1st State insurance
Affix seal/stamp as close to signature as possible.
Jordan Plofsky Date: 5/1/2015
State of Illinois County of Cook
This instrument was signed before me on $\frac{5/115}{}$
by Jordan Plotsky
Print hame of signer(s)
Alan Simulation
Notary Signature /

OFFICIAL SEAL
KENNETH T CLARK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/13/18

Affix seal/stamp as close to signature as possible