## 111000120825

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>= #</b> )
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**EXAMINER** 

## . COVER LETTER

SUBJECT:		Y SOLUTIONS, LLC ited Liability Company	
	mendment and fee(s) are sub lence concerning this matter	· ·	
	F	Penelope D. Williams	
		Name of Person	
	P	23 Property Solutions	
		Firm/Company	
	3650 E. Sandpiper Dr., Suite 5		
		Address	-
	Boyn	ton Beach, Florida 33436	
		City/State and Zip Code	
	penn	ywilliams2@yahoo.com o be used for future annual report notification)	
D 0 3 10 2		·	38. 201
For further information con-	cerning this matter, please c	aii:	I NON
Penelop	e D. Williams	at (580) 678-90	92
Name of P	erson	Area Code & Daytime Telephon	e Number
			FISTAT
Enclosed is a check for the	following amount:		
S25.00 Filing Fee pw	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	G ADDRESS:	STREET/COURIER ADD	RESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P3 PRC	PERTY SOLUTIONS	, LLC	
( <u>Name of the Limited L</u> (A F	iability Company as it now appelorida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL110001208		October 24, 2011	and assigned
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	ne limited <u>Hability company n</u>	<u>ere</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LI	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or		ALLAMASSES	ZO NOV - L
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	C S
Name of New Registered Agent:			GDSF
New Registered Office Address:	E	Enter Florida street addr	ess
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<b>Title</b>	<u>Name</u>		Address	Type of Action
MGRM	1 Jena J. M	cElrath	3650 East Sandpiper Drive, Suite 5 Boynton Beach, FL 33436	Add Remove
				Add Remove
<del></del>	-			Add Remove
		<u> </u>		Add Remove
				Add Remove
			L'LAFA 65E	Temove
D. If am	nending any other in	nformation, enter change(s)	here: (Attach additional sheets, if necessary)	
Dated 1	October 29	, 2011		<del>-</del>
Dated	- Clober - 1	Kembya Dian	une William nuthorized representative of a member	
			pe D. Williams rinted name of signce	

Page 2 of 2

Filing Fee: \$25.00