L1200002694

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Oncer.
L
Office Use Only



11/30/21-01012--019 **25.00

TUL ANASSEE FL

Y SULKER DEC 1 5 2021

COVER LETTER

10:	Division of Co		
SUBJE	СТ:	H call the Curp ame of Limited Liability Compa	Sulution UL(

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this master to the following:



For further information concerning this matter, please call:

Enclosed is a check for the 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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

thinge Ware

TW Progerties



-	O DRGANIZATION
<u>(Name of the Limited Liability Compa</u> (A Florida Limited 1	Sul ution UL inv as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L} 1260022694$.	were filed on 02161012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> <u>UHITMOLE</u> <u>PLOP</u> The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS</u>)	ERTY SOLUTIONS LLC
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u>Juni</u>
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:	address on our records, enter the name of the new registered
New Registered Office 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

Enter Florida street address

. Florida 🔄

Zip Code

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

٦

<u>Title</u>	Name	Address	Type of Action
		<u></u>	□Add
		۰	□Change
			🗆 Add
			⊡Remove
			Change
			🗋 Add
			□Remove
			□ Change
			🗆 Add
			🗆 Add
			□Change
			🗆 Add
			[]Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· -··

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	11 22/2021
	MA
	Signature of a member or authorized representative of a member
	John Whitwere Typed or printed name of signee
	Typed or printed name of signee