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Office Use Only



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R. WHITE JUL 15 2019



2019 JUL -5 PH 4: 51

## COVER LETTER ,

Div	ision of Corp	orations		
SUBJECT:	REAL ESTA	TE PROBLEM SOLVERS,	LLC	
bobbie i.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Evelyne G Bobo Deglace		
			Name of Person	
		REAL ESTATE PROBLE	M SOLVERS, LLC	
		. )	Firm/Company	
		16548.32ND ST		
			Address	
		MIRAMAR FL 33027		
		EBOBO74@GMAIL.COM	City/State and Zip Code	
		E-mail address: (	to be used for future annual report	notification)
For further in	nformation co	ncerning this matter, please c	all:	
Evelyne G B	obo Deglace		786 290-390 at ()	
	Name of	Person	Area Code Da	sytime Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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

TO:

Registration Section

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT

## ARTICLES OF ORGANIZATION

2019 JUL -5 **OF** 

### REAL ESTATE PROBLEM SOLVERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on $\frac{08/24/2012}{}$	and assigned
Florida document number L12000109100			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	16548 SW 32ND ST	
(Principal office address MUST BE A STREET ADDRESS)		MIRAMAR FL 33054	
Catalogue - Sira addess if amiliable		PO BOX 170166	
Enter new mailing address, if applicable:		HIALEAH FL 33017	
(Mailing address MAY BE A POST OFFICE	<u>BUA)</u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered o	•		ecords, enter the name of the
Name of New Registered Agent:	Evelyne G Bob	o Deglace	
New Registered Office Address:	16548 SW 32N	ID ST	
		Enter Florida street	address
	MIRAMAR		, Florida <u>33027</u>
	. <u> </u>	City	Zip Code
New Degistered Agent's Signature if changing	Realstered Agent		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
MGR	Evelyne G Bobo Deglace	16548 SW 32ND ST	
			□ Add
		MIRAMAR FL 33027	
			□ Remove
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Fective date, if other than the date of filing:		nage the principal business address
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Page 3 of 3

Filing Fee: \$25.00