L14000153320

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone :	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700282754477

03/02/16--01015--003 **25.00

2016 HAR -2 PM 4: 49

K.SALY EXAMINER MAR - 3

COVER LETTER

	Divi	ision of Cor	porations		
ei II	вјест:		perty Solutions, LLC		
SUI	DJEC1:		Name of Lim	ited Liability Company	·
The	enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	ise retu r n	all correspo	ndence concerning this matter	to the following:	
			Christele Joseph		
				Name of Person	·
			Candor Property Solutions	, LLC	
			<u></u>	Firm/Company	······································
			617 E Colonial Drive		
			,	Address	
			Orlando, FL, 32803		
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			candorpropertysolutions@g		
			E-mail address: (to be used for future annual report notif	ication)
For	further in	formation c	oncerning this matter, please ca	all:	
Chr	istele Jos	eph		407 605-5311 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
Enc	losed is a	check for th	ne 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:

TO:

Registration Section

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**

		β_{ij}	
	2016 HAR	, (ED
141	2016 MAR	,5 b	44:10
records.)	11/1/55	FE, FI	- 4 9 Dij

Candor Property Solutions, LLC

	(A Florida Limited	iny as it now appears Liability Company)	on our records.) WASSEE, FIRM	
he Articles of Organization for this Limited I orida document number L14000153320	Liability Company	were filed on 10/0	1/2014 and assigned and assigned	
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
andor Property Solutions, LLC				
e new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
ter new principal offices address, if appli	cable:	617 E Colonial Drive		
rincipal office address MUST BE A STRE		Orlando, FL, 32803		
nter new mailing address, if applicable:		617 E Colonial Di	rive	
Aailing address MAY BE A POST OFFICE	E BOX)	Orlando, FL, 3280	03	
If amending the registered agent and gistered agent and/or the new registered of New Registered Agent:		<u>e</u> :	our records, enter the name of the	
vistered agent and/or the new registered of New Registered Agent:	office address her	e : h	our records, enter the name of the	
gistered agent and/or the new registered o	Christele Josep	e: h Drive	our records, enter the name of the	
gistered agent and/or the new registered of New Registered Agent:	Christele Josep	e: h Drive		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N AMBR = A	Manager Authorized Member	FILEL	4)
<u>Title</u>	<u>Name</u>	Address Address TALLAHASSEE, FLORING	Type of Action
		MLLAHASSEE, FLORING	□ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
		/	☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			Remove
			☐ Change
/			Add
			□ Remove
			□ Change

					$\overline{}$	
			·		/_	
					/	
						<u> </u>
				-/-		
					. (59 3
						2
						100 B
						MIN RANGE PRI W.
		/				
			 			
	/_	17				···
					·	
an effective ote: If the	date is listed, the date date inserted in the	the date of filings must be specific and d is block does not me be Department of Sta	cannot be prior to date eet the applicable s			
	specifies a dela h day after the	yed effective da record is filed.	ate, but not an	effective time, a	t 12:01 a.m. o	n the earlier of
ated F	eloruary	24	2016.			
(Jasepl	C Signature of a m	ember or authorized	representative of a me	wher	
•	1 1					

Page 3 of 3

Filing Fee: \$25.00