Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LAW OFFICE OF DANIEL C. PERRI

Account Number : I20040000119

Phone

: (850)651-3011

Fax Number

: (850)651-3306

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please ...

sbanks@tsaca Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REGENERATIVE PROPERTIES SOLUTIONS, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER (((H15000267428 3)))

TO: Registration Section
Division of Corporations

Regenerati SUBJECT:	ve Property Solutions, LLC	4		
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing,		
Please return all correspondent	ondence concerning this matter t	to the following:		
	Stephen R. Banks			
		Name of Person		
		Firm/Company		
	6 Cahaba Court			
		Address	781 ACI	
	Destin, Florida 32541	City/State and Zip Code	2015 NOV SECRETA	
	sbanks@tsacg.com		- १ इंडिस	
For further information of	E-mail address: (t concerning this matter, please ca	o be used for future annual report notifies	F S A	
Stephen R. Banks		850 598-4870	DF 75	
Name o	of Person	Area Code Daytime T	elephone Number	
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

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TO ARTICHES 06028G428Z3)TYON OF

Regenerative Properties Solutions, LLC		
(Name of the Limited Liability (A Florida	y <u>Company as it now appears on our</u> Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number L15000090314	ompany were filed on May 21, 20	and assigned
Florida document number	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Regenerative Property Solutions, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)	
		T-1
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S = 1
		mo m
B. If amending the registered agent and/or registe	ered office address on our re	ecords, enter the name of the ne
registered agent and/or the new registered office addr	ess nere:	01
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, 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 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

Page 1 of 3

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or removed from our records:

MGR ≈ Manager AMBR = Authorized Member $(((H15000267428\ 3)))$

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			Add
			□ Rcmove
			□ Change
			□ Add
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			Change
			A Remove
			On Changers
			☐ Remove
	•		☐ Change
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		me A	[
- 4 14 15 15 15			C
Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the applicable statut	(optional). Iling or more than 90 days after filings) Pursuaffly fory filing requirements, this date will not be	to 605,02 e listed
record specifies a delayed The 90th day after the reco	effective date, but not an effe ord is filed.	ective time, at 12:01 a.m. on the e	earlier
November 9	2015		
L. L.	Ollan		•
	Signature of a member or authorized repre	sentative of a member	_
Daniel C. Porri		•	

• · 🋬

Page 3 of 3

Filing Fee: \$25.00

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