

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600304085816

10/20/17--01023--004 **25.00

2917 OCT 20 FH 3: 51

HARRIS

COVER LETTER

Division of Co							
	fanagement Law Solutions, LL	C					
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.					
Please return all correspo	ondence concerning this matter	to the following:					
	Tim Baldwin						
	· · · · · · · · · · · · · · · · · · ·	Name of Person					
	Property Management Lav	v Solutions, LLC					
	 	Firm/Company					
	7465 North Palafox St.						
		Address					
	Pensacola, FL 32503						
	timbaldwin@outlook.com	City/State and Zip Code					
	E-mail address: (to be used for future annual report notif	ication)				
For further information of	concerning this matter, please ca	all:					
Tim Baldwin		850 723-2700 at ()					
Name o	of Person	Area Code Daytime	: Telephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liab</u> (A Flori	ility Compar ida Limited L	ny as it now appears on our recor lability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Florida document number	Company	were filed on	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabi	lity company here:			
The new name must be distinguishable and contain the words "Li	imited Liabili	ity Company," the designation "I.I.	C" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7465 North Palafox St.	7	2	
		Pensacola, FL 32503			
	_		٠	(i) (i) (i) (ii) (ii) (ii) (ii) (ii) (i	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		7465 North Palafox St.	· ,-,		
		Pensacola, FL 32503	ç , çı	ယ္ <u>ပ</u> ာ	
 If amending the registered agent and/or reg registered agent and/or the new registered office ad 			is, <u>enter th</u>	e name of th	
Name of New Registered Agent:					
_ _	5 North Pala	afox St.			
New Registered Office Address.		Enter Florida street addre	TAS		
Pens	sacola	, F	lorida 32503	3	
		City		Zip Code	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
		<u> </u>	Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□cRemove;
			CRemove;
			<u>~</u> □≯\dd
			<u>O</u> 1
			Remove
			Change

 		<u> </u>						
· · ·								
								_
	-		 -					-
								_
	<u>.</u>						_	_
					. <u> </u>			_
						_		<u> </u>
								_
								_
								_
								_
								_
						_		_
			<u> </u>				_	_
								_
		_ ;						_
								_
ffective date, if other than	the date of fil	ing:		(a	ptional)			
an effective date is listed, the date lote: If the date inserted in the	must be specific a is block does no	ind cannot be prior timeet the application in the cannot be provided in the capplication in the capplicati	to date of filing or mable statutory filin	ore than 90 days:	after filing.)	Pursuar /ill not	nt to 60 be lis)5.0 <mark>2</mark> 0°
ocument's effective date on th	he Department o	f State's records.	·	•				
e record specifies a dela The 90th day after the	record is file	e date, but no d.	t an effective t	ime, at 12:0)1 a.m. o	n the	ear	ier o
October 18		2017						
ated		2017						
						•	29	
<u> </u>	Signature of	a member or autho	orized representative	of a member	•		30 OC	•0221* ,* s \$
Tim Baldwin					v	1	CT 20	ر ن منطعند جھیے
		Typed or printe	d name of signee					į
			-				7. 2:	
			3 of 3		•		ب س	

Filing Fee: \$25.00