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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

O:

Property UBJECT:	Management Law Solutions, LI	.C				
	Name of Lin					
he enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.				
lease return all corresp	pondence concerning this matter	to the following:				
	Timothy Baldwin					
		Name of Person				
	Property Management La	w Solutions, LLC				
		Firm/Company				
		SE 22				
		Address		PRINCE TALLY		
	Pensacola, FL 32502			PIL 2024 HOV 18 SECRETARY TALLAHA		
		SEP E ITT				
	E-mail address:	to be used for future annual report not	ification)	D 1 9: 26 STATE		
or further information	concerning this matter, please c	all:		26 VTE		
imothy Baldwin		850 857-2463 at ()		٩		
Name	of Person		ne Telephone Number			
nclosed 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 Certificate o Certified Co (additional copy	f Status & py		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of T	rporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property Management Law Solutions, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company lorida document number <u>L17000026235</u> .	were filed on <u>02/02/2017</u>	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Property Management Law Solutions, PLLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter	
	, Fi	orida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agravosisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as pring filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

AGR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			
			□Remove
			□Change
		·	□Add
			SEGRETATION OF AM 9: 26 Remove
<u></u>			AHASSEE, FLAdd 9:
			26
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effective <u>te:</u> If the	ate, if other than thate is listed, the date is date in this edate in this effective date on the	must be specific s block does n	and car ot mee	nnot be prid t the appl	icable stati	filing or me itory filing	ore than 90 ; requirem	days after fili ents, this da	ng.) Pursuant ite will not b	to 605,02 pe fisted	07 as
cord spec s filed.	cifies a delayed effec	ctive date, but	not an	effective	time, at 12	::01 a.m. c	n the earl	ier of: (b)	The 90th day	y after th	ie
ed	November	13	<u> </u>	2024	· ·						
		1	\mathcal{L}	()						
_		Signature 6	i,a men	nber or aut	horized rep	esentative	of a membe	r			