

L17 0000 57330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

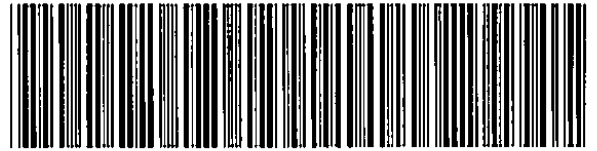
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500343414665

04/27/20--01018--002 **25.00

FILED
2020 APR 27 PM 4:13
FBI - ALBANY

Amend

MAY 07 2020
I ALBRITTON

**TO: Registration Section
Division of Corporations**

SUBJECT: Property Managment Solutions FL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veronica Zerpa

Name of Person

Property Managment Solutions FL LLC

Firm/Company

501 Sparrow Hawk Cove

Address

Chuluota, FL 32766

City/State and Zip Code

veronica.zerpa@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Zerpa

817

528-7570

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Property Management Solutions FL, 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 Liability Company were filed on 03/13/2017 and assigned
Florida document number L17000057330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

501 Sparrow Hawk Cove

Chuluota, FL 32766

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 Sparrow Hawk Cove

Chuluota, FL 32766

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Veronica Zerpa

New Registered Office Address:

501 Sparrow Hawk Cove

Enter Florida street address

Chuluota

City

Florida 32766

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Veronica Zerpa	501 Sparrow Hawk Cove	<input type="checkbox"/> Add
		Chuluota, FL 32766	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Mike Kratz	916 Snow Queen Drive	<input type="checkbox"/> Add
		Chuluota, FL 32766	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Eric Christensen	1304 Tall Maple Loop	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee