# L1700000922224

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#### **COVER LETTER**

	Registration Sec Division of Corp			
emp iec		y Service LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Felix Solaun		
			Name of Person	-1-T
			Firm/Company	
		373 North Roscoe Blvd		
			Address	
		Ponte Vedra, Fl 32082		
			City/State and Zip Code	
		solaunji@comcast.net	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca		canon,
Anne Sol	aun		904 318-7213 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

904 Property Services LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000092224	and assigned	
This amendment is submitted to amend the following:		
•	•••	
A. If amending name, enter the new name of the limited liab	bility company here:	π),
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	r 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)		
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.</li> </ol>		enter the name of the i
	<u></u> .	
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	-
	, Floric	da
	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jose I Solaun	373 Roscoe Blvd North	
		Ponte Vedra, FI 32082	■ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
MGR	Felix M Solaun	373 Roscoe Blvd North	■ Add
		Ponte Vedra, Fl 32082	□ Remove
			Change
			Remove
			☐ Change
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ective date, if other tha	the date of filing:	(optional)
effective date is listed, the da	te must be specific and cannot be prior to date of filing or his block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605.02
	the Department of State's records.	·····
record specifies a de he 90th day after the	ayed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the earlier
ed	2017	
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Typed or printed name of signee

Filing Fee: \$25.00