L17000138957

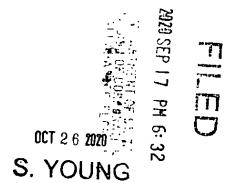
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COVER LETTER

Division of Corporations
SUBJECT: Xpert Property Preservation Services "LLC". Name of Limited Liability Company
Name of Elimed Placinty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George Mèjia Name of Person
Xpart-ProPorty Proservation Services LLC
4504 N.W 1925+
Address
MiaMi, FL 33055 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
C Min
Oeorge Mejia at 305, 305-5292 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

. **.**

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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X-Pert Property to	eservation Service	x LLC
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number L170001380	fility Company were filed on 6	127/2020 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here	32
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	·	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ords, <u>enter the name of the new reg</u> istered
Name of New Registered Agent:		
New Registered Office Address:	r . r	
	Enter Floride	a street address
	City	, Florida 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
MBR	Ericka Bolgnos	4504 N.W 1925t	□Add
		4504 N.W 1925t Mani, FL 33055	Remove
			□Change
			□Add
			□ Remove
 			□Add
·			□Remove
		·	□Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change

D. If am	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efi <u>Note:</u>	ve date, if other than the date of filing: 1
f the recor	d 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 ed.
Dated	9/12 2020
	Signature of a member or authorized representative of a member
	George Meija Typed or printed hame of signee