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COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: Central State property Solutions 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:
rease return an correspondence concerning this matter to the rollowing.
Clark Lynt Name of Person
Central state property solutions LLC
1107 a jackson st # 105
Tampa, FL 33607 City/State and Zip Code 11 FO @ easy's ale h Q . Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clark Lunt at (407) 334-8482 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Central State	property 5	olutions LLC
(<u>Name of the Limited Liability</u> (A Florida)	v Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000111960</u>	ompany were filed on 10.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
		202
		2020 NOV
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · ·
		: 1: 3
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		, Florida
	Cin	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 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>	Name	Address	Type of Action
AMBR	Janara Lunt	107 e jackson st # Tampa, Fr 33602	105 □ Add
		Tampa, Fr 33602	Remove
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	ed effective date, but no	ot an effective time	e, at 12:01 a.m. o	on the earlier	of: (b) The 9	Oth day aft
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15	Signature of	a member of authoriz	ed representative	of a member	•	