L17000745013

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Property Solution Network of FL 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: |
| Neme of Person |
| Property Solution Network of FL Firm/Company |
| 361S Edennia Dr Address |
| City/State and Zip Code Neil O PSOFL Wer E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (727) S43 8175 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy \$\Bigcup \$\text{cadditional copy is enclosed}\$\Bigcup \$\text{cadditional copy is enclosed}\$\Bigcup \$\text{\$60.00 Filing Fee}\$, \$\Bigcup \$\text{Certified Copy}\$ \$\text{Certified Copy}\$ \$\text{(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

2015 C T 15 ATTIO: 22

Property Solution Network of Florida (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 11/29/2017 Florida document number L17000245013 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) 3615 Edenwood Drive Enter new mailing address, if applicable: Holiday, FL 34691 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida

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.

City

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> | Name | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|--------------------------|----------------|
| MGR | Terry Platt | 432 Bayou Village Drive | ≅ ∧dd |
| | | Tarpon Springs, FL 34689 | □ Damous |
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| (If an el <u>Note:</u> | e date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | October 102. 2019. |
| | at the |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00