Letrevis Robinson (Requestor's Name)
239 Mayolia Richt
(Address)
Crawforduille Fl. 32327 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<i></i>
(Business Entity Name)
(Document Number)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TrN foreclosed Promites of the Limites	operty Preservation of Laun Maintenne Bervice Historida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on Dec 4, 2017 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the work. Enter new principal offices address, if applical office address MUST BE A STREET	C C I'V T' ON
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	
B. If amending the registered agent and/or req agent and/or the new registered office address	
Name of New Registered Agent:	Letrois Robinson = 1
New Registered Office Address:	239 Magnola Kidge Enter Florida sireet address
	Crawfordyille Florida 32327 Zip Code
Naw Pagistared Agent's Signature, if changing De	ogistered Agent

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>	Address	Type of Action
AMBR	Nichole Robinson		🗆 Add
		270 Luke Smith 12d. Crawfordville, FL. 32327	Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
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Effective dat	, if other than the date	of filing:	2/1/19_		_ (optional)	
H'an effective da	e is listed, the date must be spote inserted in this block do	ecific and cannot be	e prior to date of filin	g or more than 90	lays after filing.) Pur	suant to 605.020 not be listed a
	ective date on the Departn			, <u>e</u> . • • • •		
	es a delayed effective date.	, but not an effec	tive time, at 12:01	a.m. on the earl	er of: (b) The 90	th day after the
rd is filed.					•	
rd is filed.	\sim					
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	mury 3	7 /20	14			
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Filing Fee: \$25.00