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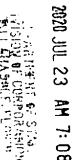
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COVER LETTER

TO:

TO: Registration Se Division of Cor		•	
Total Realt	y Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sharolyn M Walker		
		Name of Person	
	Total Realty Solutions LLC	C	
		Firm/Company	
	4177 Arbor Mill Circle		
		Address	
	Orange Park, FL 32065		
		City/State and Zip Code	
	totalrealtysolutionsllc@outl		
	H-mail address: (to be used for future annual report no	tification)
For further information c	concerning this matter, please co	ali:	
Sharolyn Walker		904 228-5322 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Realty Solutions LLC		
(Name of the Limited Liability	Company as it now appears on our recimited Liability Company)	ords.)
(A Florida L	imited Liability Company)	. 23
The Articles of Organization for this Limited Liability Con-	mpany were filed on April 05, 2018	andassigned
Florida document number L18000083973		THE DO
Piorida document flumber	·	w w
This amendment is submitted to amend the following:		三二 二
C		当り
A. If amending name, enter the new name of the limite	ed liability company here:	7
		08
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered of	office address on our records, <u>en</u>	ter 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 ada	
	Enter Fioriaa sireet aa	ят саз
		Florida
	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 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
			□Add
			Петоче
			Change
			□Add
			Remove
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Jul	46	21	. <u>20</u>	20.					
		DALL gnature of a	member or	alathorized i	<u>iCK</u> epresentative	of a membe	r		
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Filing Fee: \$25.00