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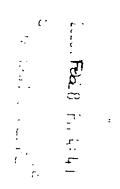
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Office Use Only



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## **COVER LETTER**

TO: Registration So Division of Cor			
	AL RECEIVER SERVICES, L	LC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GINA SOLOW		
	·-	Name of Person	<del></del>
	MUNICIPAL RECEIVER	SERVICES, LLC	
		Firm Company	
	2709 S HWY A1A		82.82
		Address	÷ r
	MELBOURNE BEACH F	T. 32951	· c
		City/State and Zip Code	
	GINASOLO2@GMAIL.CO		
		to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
GINA SOLOW		954 646-1115 at ()	
Name o	f Person	Area Code Daytim	e Felephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	porations
P.O. Box 632 Tallahassee, 1		The Centre of T	Fallahassee e Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUNICIPAL RECEIVER SERVICES, LLC	
( <u>Name of the Limited Liability Company as it now appea</u> (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{07}{100}$ Florida document number $\frac{118000177251}{10000177251}$ .	7/24/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company be	ere:
The new name must be distinguishable and contain the words "Limited Ltability Company," the o	designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	(· [·
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, enter the name of the new register
Name of New Registered Agent:	<del></del>
New Registered Office Address:  Enter Flo	rida 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.

 $\epsilon_{HV}$ 

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGRM	GINA SOLOW	5920 S. HWY A1A	<b>≡</b> Add
		STE 202	□Remove
		MELBOURNE BEACH FL 32951	Change
MGRM	HAROLD B. KLITE TRUPPMAN	5920 S. HWY A1A	
		MELBOURNE FL 32951	\( \overline{
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ective date, if other than the data effective date is listed, the date must be te: If the date inserted in this blockument's effective date on the Department.	k does not meet the applical	date of filing or more the	an 90 days after fi uirements, this c	al) ling.) Pursu late will n	iant to 605.03 of be listed
ecord specifies a delayed effective of filed.	late, but not an effective tim	ie, at 12:01 a.m. on the	e earlier of; (b)	The 90th	i day after t
FEBRUARY 21	. 2023	- ·			
- Gina Solo	w, MGR				