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M. MILLIGAN OCT 20 2018

COVER LETTER

тө:	Registration Sectorial Division of Corp			
SUBJE	CCT:	Property Reso	ed Liability Company	<u>C.</u>
The end	closed Articles of A	mendment and fec(s) are subm	nitted for filing.	
Please	return all correspon	dence concerning this matter to	o the following:	
		B _v	rian Hoyos Name of Person	
		Propert	ty Rescue Solution Firm/Company	s LLC
		8851	NW 119 Street.	Unit 4306
			h Gardens, FL 330 City/State and Zip Code	
		E-mail address: (ii	Hoyos @ hot mail. co	ation)
For fur	ther information co	ncerning this matter, please cal	II:	
	Brian Name of	Hoyos Person	at (186) 586-00 Area Code Daytime	O (6 Telephone Number
Enclose	ed is a check for the	following amount:		
5 \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Praga	المراجع المراجع	عصمنا الكامد	
(Name of the Limited	Liability Compan Florida Limited Li	vae Solutions vas it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited Liab Florida document numberL \ 8 000 \ 82 ?		vere filed on	31 18 and assigned
This amendment is submitted to amend the follow	ing:		٠٠;
A. If amending name, enter the new name of the NA. The new name must be distinguishable and contain the work			"I.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicab	le:	_ r/a	
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>	NA.	
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter the name of the new</u>
Name of New Registered Agent:	NA.		
New Registered Office Address:	·····	Enter Florida street o	ddress
		City	. Florida
		OIO.	raj/ Coue

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brian Hoyos	8851 NW 119 Street. # 4306	⊠ Add
		Hialeah Gardens, FL 33018	Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
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1					(optional)		
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fan effective date Note: If the dat document's effe	is listed, the date must be inserted in this block	e specific and car k does not meet artment of State effective date	t the applicable str e's records.	atutory filing require	0 days after filing.) Purs ments, this date will r	not be listed	as the
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Page 3 of 3

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