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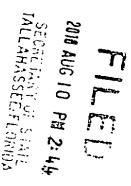
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PICK-UP	WAIT	MAIL MAIL
(Bi	usiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FigNa's Property Soultions, LL C 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:
Flora Faith OSBORNO Name of Person
Figna's Property Solutions, LLC
3841 ENVIRON Blvd. #23/
Landerhill # 33319 FE TO City State and Zip Code and Tip Code and Tip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Flona F. Osborne at (954 309-7/2) Area Code Daytime Telephone Number
Enclosed is a check for the following autount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

FIDNAS PRO	perty Soultions, LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number £18000187	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the Property of the new name must be distinguishable and contain the work.	perty 50 10 NS LL C Is "Limited Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	CAHANA TO
New Registered Office Address:	
	Enter Florida street address
	City Florida Za Za 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 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
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	Sign Sign	gnature of a	member or au	thorized repres	Sentative of a	member—	· · · · · · · · · · · · · · · · · · ·		-

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Filing Fee: \$25.00