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2018 DEC - 3 AM 8: 04

C. GOLDEN

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COVER LETTER

	gistration Sect vision of Corp				
SHD ICCT.	LPI Property	Solutions LLC			
SUBJECT: Name of Limited Liability Company					
		mendment and fee(s) are subr			
		Michael Davenport			
			Name of Person		
		LPI Home Buyers, LLC			
			Firm/Company		
		12955 Biscayne Blvd #410	C-5		
			Address		
		North Miami, FL 33181			
			City/State and Zip Code		
		Mike@lpihomebuyers.com			
		E-mail address: (t	o be used for future annual report not	ification)	
For further i	nformation co	ncerning this matter, please ca	dl:		
Michael Da	venport		at () 702-7192 Area Code Daytin	ne Telephone Number	
	Name of	Person	Area Code Daytin	e Telephone Number	
Enclosed is	a check for the	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 ADDRESS:

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

FILED

2018 DEC -3 AM 8: 04

LPI Property Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were tiled on $\frac{10/22/2018}{10/22/2018}$ and assigned Florida document number L18000247444 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LPI Home Buvers, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the 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 records, enter 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 address _, Florida _ City

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 Type of Action **Address** Title Name □ Add ☐ Remove ☐ Change □ Add ☐ Remove ____ Change _□ Add _□ Remove _□ Change □ Add _□ Remove _□ Change □ Add _□ Remove __ Change _□ Add _□ Remove

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 29. 2018.
	Signature of a member or authorized representative of a member
	MICHAEZ DAVENDORT Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00