L18000287751

| (Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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TO:

| TO: Registration Section Division of Corp | | | | |
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| SUBJECT: EJ | I rrigation | Maintenance ited Liability Company | LLC. | |
| 7017H.CT | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspon | dence concerning this matter | to the following: | | |
| | Jonath | nan Gonzalez Name of Person | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | P.O. Box 7 | 21403 Address | | |
| | | | | |
| | Orlando F | City/State and Zip Code timule @ Gama to be used for future annual report notified. | | |
| | F ~ | City/State and Zip Code | 1 | |
| | EJ Irriga E-mail address: (| to be used for future annual report notif | fication) | |
| For further information co | ncerning this matter, please ca | | | |
| Josethan | 1 Ganzalaz | | - 5460 | |
| Name of | Person | at (<u>407</u>) <u>373</u> Area Code Daytime | e Telephone Number | |
| | | | | |
| Enclosed is a check for the | following amount: | | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Address | : | Street Address: | | |
| Registration Se | ection | Registration Sec | | |
| Division of Corporations P.O. Box 6327 | | | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, Fl | | | e Street, Suite 810 | |
| | | Tallahassee, FL | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FJ Trigation Maintenance Luc. (Same of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/14/2018 and assigned Florida document number L18000 287751. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EJ Property Solutions LLC. The new name must be distinguishable and conson 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) | |
|--|------------------|
| A. If amending name, enter the new name of the limited liability company here: E. J. Property Solutions LLC. The new name must be distinguishable and contoin 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) | ed |
| EJ Property Solutions LLC. The new name must be distinguishable and conson 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 principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| SEC. | |
| Enter new mailing address, if applicable: | Π = Π] |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here: | gistered |
| Name of New Registered Agent: | <u></u> |
| New Registered Office Address: | |
| Enter Florida street address | |
| City Florida 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 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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|---------|----------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 11/21/2022 Jonathan N Gonzalez
Typed or printed name of signee