## L19000094952

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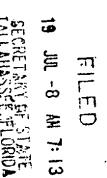




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## **COVER LETTER**

TO:		ration Section of Corpo												
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For furt	her info	rmation con	cerning t	his matter,	please ca	dl:								
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Enclose	d is a ch	neck for the	followin	g amount:										
□ \$2 <i>5</i>	.00 Filir	ng Fee		0 Filing Fe tificate of S			555,00 Fil Certified (additional	Copy		ı	(	60.00 Fi Certifica Certified additional	ite of St I Copy	atus &

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

REMAKE PROPER	TY SOUTIONS LLC.
(Name of the Limited Liability Compa (A Florida Limited L	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900094952</u> .	were filed on $04/05/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
SIMPLEST PROPERTY	
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	Σ'' ω
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Ellowisto.
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 aor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(li`an efi Note:	ive date, if other than the date of filing:
	tord 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	07/01/2019 - Danandez-D
	Signature of a member or authorized representative of a member  Liseth Fernandez Abreo.  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00