L19000133931

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Pfioni	e #)
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		PROPERTY SOLUTIONS	LLC ·	2.	
SUBJE	C1:	Name of Lin	nited Liability Company		
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company		
		17350 STATE HWY 249	STE 220		
			Address		
		HOUSTON, TX 77064			
		City/State and Zip Code			
		EFILE1234@INCFILE.CO			
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information co	ncerning this matter, please c	all:		
LOVET	TE DOBSON		855 829-9090		
Name of Person at ()		Telephone Number			
Enclosed	I is a check for the	e 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:

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 ORGANIZATION OF

BENJAMIN PROPER	TY SOLUTIONS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000133931	were filed on 05/17/2019 and	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	9100 CONROY WINDERMERE ROAD, SUITE	
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE, FL 34786	
Enter new mailing address, if applicable:	9100 CONROY WINDERMERE ROAD, SUITE	
(Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE, FL 34786	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Co	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to co performance of my duties, and I am familiar provided for in Chapter 605, F.S. Or, if this de	

If Changing Registered Agent, Signature of New Registered A

MGR = N $AMBR = A$	Anager Authorized Member		!
<u>Title</u>	<u>Name</u>	Address	 <u>Typ</u>
	 		
			
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(If an ei <u>Note:</u>	tive date, if other than the date of filing:	ant to
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the egoth day after the record is filed.	e ea
Dated	SEPTEMBER 18	
	And Benjaman Signature of a member or authorized representative of a member	
	ARD BENJAMIN - AMBR	
	Typed or printed name of signee	

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Filing Fee: \$25.00