Florida Department of State Division of Gorpa Ciffons Elegtonic Filling Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CALVIN THOMPSON AND ASSOCIATES LLC

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Corporate Filing Menu

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NAY 2 7 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calvin Thompson and Associates	LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Etability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L19000145709		
Wilda (October) indinoct	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Carpe Diem Property Solutions LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.C."
Enter new principal offices address, if applicable:		S 2
(Principal office address MUST BE A STREET ADDI	DESS)	
Trincipal office address MOST BE A STREET ADDR	<u> </u>	
		₽ ₽
Enter new mailing address, if applicable:		****
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our records.	enter the name of the ne
registered agent and/or the new registered office add	lress here:	
Name of New Registered Agent:		
Nov. Dominton of Office Address.		
New Registered Office Address:	Enter Florida street address	
	. Flori	du
	Cttv	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = -N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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ective date, if other than the date of the effective date is listed, the date must be specified.	ic and cannot be prior to	o date of filing or mo	(option te than 90 days after fi	ling.) Pursua	ni to 605.020
te: If the date inserted in this block does cument's effective date on the Department	not meet the applical t of State's records.	ble statutory filing	requirements, this c	late will no	i be fisted t
record specifies a delayed effecti The 90th day after the record is fi		an effective ti	me, at 12:01 a.	m. on the	e earlier (
May 25th	2020	_ ·			
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Typed or printed name of signee

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