Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002697463)))



H190002697463ABCB

To;		
Division of		
Fax Number	: (850)617-6383	Tiv -
From:		
	: MURPHY AND ELLIS, PLLC	
	er : I20130000051	
Phone	: (904)342-6009	, , , ,
rax Number	: (904)425-2229	4
*Enter the email addre annual report mai	ess for this business entity to be used f lings. Enter only one email address pleas	or future ie.**
Email Address:	JAMES@BUSINESSLAWJAX.COM	

ESTATE SALES ONLINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

-----SEP 1 0 2019

M. SOLOMON Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/1

09/09/2019.42:08

#092 P.002/004

From:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19000269746 3)))

ESTATE SALES ONLINE, LLC				
(Name of the Limited Liabili (A Florida	ity Company as it now appe a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	lompany were filed on _	July 31, 2019	and assigne	≟વ
Florida document number	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company h	ere:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the o	designation "LLC" or the a	bhreviation "L.L.C."	2019
Enter new principal offices address, if applicable:			-A	
(Principal office address MUST BE A STREET ADDR	ESS)		A	4.38
			(*,	<u> </u>
			q#	3
Enter new mailing address, if applicable:			.,	3 :
•		7-1-7714	inte ente	<u>~~</u>
(Mailing address MAY BE A POST OFFICE BOX)	,, ,		<u>+,</u>	- 137
B. If amending the registered agent and/or regist		our records, enter	the name of th	ie nev
egistered agent and/or the new registered office addr	ess nere:			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Flor	idu street a <mark>ddress</mark>		
		, Florida		
	City		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:

(((H19000269746 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	Daniel Conkling	4200 Meadowlark Lane SE	
		Suite 1	
		Rio Rancho, NM 87124	O Change
MBR	Edilanc Diaz	4200 Meadowlark Lane SE	
		Suite 1	
		Rio Rancho, NM 87124	Change
			Remove 2
			☐ Change ☐ ☐ Change ☐ ☐ ☐ Change ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□ Remove
			□ Change
			☐ Remove
			П Сhange
			□ Remove
			Change

D. If ar		269746-3),)
D. If ur	mending any other information, enter change(s) here: (Attach additional sheets, if necessary)	2019 SEP -9 AKIO: 2
Note: If document the recor The 90	·	2007 (3)(b) d as the
Dated	(Signature of a member or authorized representative of a member	

Filing Fee: \$25.00