

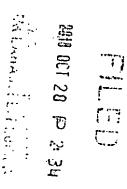
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(City	//State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

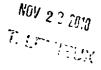
Office Use Only



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## **COVER LETTER**

O: Registration Section Division of Corporati	ons	, 1	. ~ 11
SUBJECT: F. T. M	HOME (	Solutions Air diability Company	xd Property Mangeme
	Name of Emine	u Elaotiny Company	·
The enclosed Articles of Amen	dment and fee(s) are subm	itted for filing.	
Please return all correspondenc	e concerning this matter to	the following:	
<u> </u>	Sophi A	Fuiton Name of Person	
Ĺ	T.M. Hony	Solutions And	Proporty MAIGEINET
_	188) N	JW 485+	. <u>.                                   </u>
<u>-</u>	M.AM.	City/State and Zip Code	42
	E-mail address: (to	be used for future annual report notifica	L COU
For further information concer	ning this matter, please cal	<b>l</b> :	
Soph'A A	TUI FON	at ( <u>786</u> ) <u>488</u> Area Code Daytime T	elephone Number
Enclosed is a check for the fol	lowing 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:

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

FTM HOME William And Property Margement (Name of the Limited Liability Company as it now appears on our redords.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/24/19 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  33142
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Sophi A FUITORS  1887 NILLI USST
New Registered Office Address:    New Registered Office Address   100

#### 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.

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 = Au	thorized Member		
<u>Title</u>	Name	Address 10/1/2 4 1 7 1	Type of Action
AR	HAROLD W. Mcinty	re 1842 NW 7/5/ HAROLO FI 33/47	🗀 Add
		#PROTO F1 33147	Remove
AR	Alexia M. Tramel	19202 NW 34ct	🗆 Add
		19202 NW 34at Miami Gardens Fl	XRemove
		33656	Change
			□ Remove
			Change
		<u></u>	□ Add
			Remove
<del></del>	<del></del>		Add
			Remove
			Change
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The ArE NO Authorized Agents Of
· my lassings At the present time
All decisions will be made by
me the owner "Sophia Fulton
Any correspondence to should know be
Subuitted to Sophia Fulton At
her Address on record And phone
number
E. Effective date, if other than the date of filing:
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
Signature of a member or authorized representative of a member
Sophia Fulton

Page 3 of 3

Filing Fee: \$25.00