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(Re	equestor's Name)						
(Ad	ldress)						
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(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	MAIT	MAIL					
(Bu	siness Entity Nam	ne)					
(Document Number)							
(Business Entity Name)							
Special Instructions to	Filing Officer:						
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COVER LETTER

TO: Registration So Division of Cor	•	•	
SUBJECT.	Property Servi	(e.S	
SUBJECT: Ly	Property Serv	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas We	ucch	
	1 homas We	Name of Person	
	1 . L. Minni	Name of Person Ventses Firm/Company	
	LOB M. UM.	Firm/Company	
	1 (Address 33137 City/State and Zip Code (C. Walb/entures. C.	
	400 NW 2	6" Street	
	A	Address	
	Micmi, FL,	33137	
	<u></u>	City/State and Zip Code	
	1:91	to be used for future annual report no	O Continuition
			areacon
For further information of	concerning this matter, please co	all:	
		at (
Name c	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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:

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

(Name of the Limite	d Liability Company as A Florida Limited Liabil	sit now appears on our record ity Company)	<u>s.</u>)		
The Articles of Organization for this Limited Li	ability Company wer	e filed on OCluber 7 %,	2019	and assigne	ed
Florida document number <u>L140002522</u>	77				
This amendment is submitted to amend the follo	owing:				
The Articles of Organization for this Limited Liability Company were filed on OCLOBER 7°, 2014 and assigned Florida document number L14000252277. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ner registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: HOMGS Wencest					
The new name must be distinguishable and contain the wo	ords "Limited Liability C	ompany," the designation "LLC	or the abbrevi	ation "L.L.C.	••
Enter new principal offices address, if applica	ıble:		<u> </u>	19	
(Principal office address MUST BE A STREE	<u>r address)</u>			1	[]
			 .		<u> </u>
		4144 - 1	<u> </u>		
			3.5 3.5		
registered agent and/or the new registered of	fice address here:		s, <u>enter the</u>	name of t	the nev
Name of New Registered Agent:	1 40 77 65	MELLEN			
New Registered Office Address:		Enter Florida street addres			
	M:cm;	, Flo	orida <u>33</u>	313 <u>></u> ip Code	
New Registered Agent's Signature, if changing R	legistered Agent:				
I hereby accept the appointment as registered	d agent and agree to	o act in this capacity. I fu	rther agree t	o comply y	with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gaston Derecti	Low New 26th Street, Mich, FL, 331	<u> </u>
			Remove
			Change
AMBR	Matt. Marshan	400 NW 26th Street, Mar, FLI	DPV □ <u>(1</u>
			Remove
			Change
<u> 168</u>	Thomas Workich	400 NW 261 Sharly Mir., 172, 33137	Add
			□ Remove
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e record spe The 90th da	cifies a del y after the	layed effe e record is	ctive d	ate, but	not an	effectiv	e time, a	t 12:01	a.m. on	the ea	arlier o
	<u> LC 38</u>	In	<u> </u>	<u> 20</u>	<u>4</u> .						
ated <u>CAd</u>											

Page 3 of 3

Filing Fee: \$25.00