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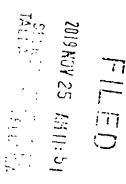
(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
		ERTY MANAGEMENT SERV	ICES LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub- ondence concerning this matter		
		Keith Brady		
			Name of Person	
		Keith Brady Law, P.A		
			Firm/Company	
		6740 Crosswinds Dr N Sui	ite G	
			Address	
		St. Petersburg, FL 33710		
		Keith@KeithBradyLaw.cor	City/State and Zip Code	
			to be used for future annual report not	fication)
For fu	erther information o	oncerning this matter, please ca	uli:	
Keith	Brady		at () <u>820-1067</u>	
-	Name o	f Person	Area Code Daytin	e Telephone Number
Enclo	sed is a check for the	he following amount:		
₽ \$2	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:

 $\mathbf{r}_{i} = \left(\mathbf{r}_{i} \right)^{-1} \cdot \left(\mathbf{r}_{$

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

US PROPERTY MANAGEMENT SERVICES I	LC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recornited Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Comp Florida document number 1.19000264318	pany were filed on October 21, 201	9	_ and assi	gned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		C" or the abbrev	riation "L.L	C."
Enter new mailing address, if applicable:		52.3	2019 KDY	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u></u>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our recore s here:	ds, enter the	name o	t the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addre	ess		
	, F	lorida	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GILLIAN REDMAN	1184 S Grand Highway	
		Clermont, FL 34711	Remove
			Change
MGR	JEFFERY CHASE	8861 Fountain Palm Alley	
		Winter Garden, FL 34787	Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change

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ote: If the date inserted in	in the date of filing:	plicable statutory in	(option more than 90 days after fil ing requirements, this d	ing.) Pursuant to 605.0207
record specifies a de The 90th day after th	elayed effective date, but e record is filed.	not an effective	time, at 12:01 a.r	n. on the earlier ol
November 11	2019			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00