

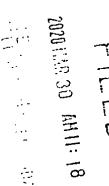
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Amend

APR 1.4 2020

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COVER LETTER

Registration Section Division of Corporations

TO:

	ty Solutions, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Gary L Shields Jr.			
		Name of Person	. -	
	PPR Property Solutions, L	LC		
	·	Firm/Company		
	14533 Bray Rd.			
		Address		
	Orlando, FL 32832			
		City/State and Zip Code		
	randyshields@ymail.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Gary L Shields Jr.		863 207-6059 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cou	rporations	
Tallahassee, l		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PPR Property Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/25/2020}{1}$ Florida document number 1.20000062321 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 "L.L.C." 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 new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Randy A Shields	14533 Bray Rd., Orlando Fl. 32832	= Add
			□Remove
			☐ Change
			
			□Remove
			□Change
			□Add
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			C'hanna

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ective date, if other than the da reffective date is listed, the date must be	te of filing:		(option	ial)
te: If the date inserted in this block	does not meet the appl	icable statutory filing	g requirements, this	date will not be listed as
tument's effective date on the Depa	tment of State's record	ls.		
cord specifies a delayed effective de s filed.	ite, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
		~~		
ed March 18	2020			
	·	$ /$ \cap		
	4	Y		
Sig	nature of a member or au	thorized representative	of a member	
Gary L Shields Jr.				

EU E #55.0