

# L20000142956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

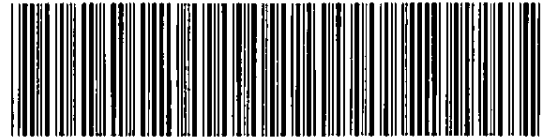
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

2024 NOV 22 PM 3:07

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Property Invest Solutions, Ilc

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josue E. Saint Aime

Name of Person

Property Invest Solutions, Ilc

Firm/Company

9628 N. E. 2nd Avenue Suite 211

Address

Miami Shores, Florida 33138

City/State and Zip Code

propertyinvestsolutions24@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josue E Saint Aime

305  
at ( )

Area Code

7634360 / 786-487-0578  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE  
FL  
DIVISION OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Property Invest 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 05/26/2020 and assigned  
Florida document number L20000142955.

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

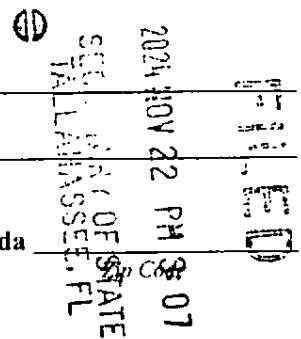
Florida

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Mazincia Vercilien	215 N. W. 79th Street Lot A 133-A	<input checked="" type="checkbox"/> Add
		Miami, Florida 33150	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Roscline Valere	127 Renette Avenue Apt T	<input checked="" type="checkbox"/> Add
		El Cajon, Carlifornia92020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst. Manager	Marie Lubin	15149 N. E. 6th Avenue Apt 8	<input checked="" type="checkbox"/> Add
		North Miami, Florida 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE  
TALLAHASSEE, FL

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2024 JUN 22 PM 3:07  
RECEIVED  
FLORIDA DEPARTMENT OF  
STATE  
SECURITY DIVISION  
1711 E. FLORISSA, FL  
TALLAHASSEE, FL  
Pursuant to 605.0207(3)  
The 90th day after the  
date will not be listed as the

Dated 11/07/2024

Josue E Saintaime

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Typed or printed name of signer