LZ0000187600

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Contract to Close Solutions of Florida LLC 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:
LVy Landen Name of Person
Contract to Close Solutions of Florida
900 Linton Blvd. # 203
Delray Beach, FL 33444 City/State and Zip Code LULY a) Contract to Close So Lutions. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 542-3191 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ Certified Copy (

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Articles of Organization for this Limited Liability Company were filed on 07/02/2020 and assigned lorida document number <u>L</u> 20000187600 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:

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each property or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LUCY LANDEG	900 Linton Blvd. #20 Delray Beach, Fl 33444	Ž Q Add
			🗆 Remove
•			_ Change
<u>AMB</u> R	BECNADINE B. JONES	900 Linton Blvd # Delvay Beach, FL 33444	ZOAdd
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f an effec Note: T	e date, if other than the date of filing:
record d is file	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 i.
Dated _	8.27.2020. 11011 Canden
	Maria lander
	V V A Change of a manch of a manch of a manch assessment the of a manch of a
	Signature of a member or authorized representative of a member