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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Co			
A&J Servi	ces of Citrus, LLC.		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter t	o the following:	
	Ashtan Richey		
		Name of Person	- <u></u>
	A&J Services of Citrus, LI	C.	
		Firm/Company	
	2020 East Newhaven Stree	l .	
		Address	
	Inverness, FL 34453		
	ashtanrichey@gmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report not	ification)
	concerning this matter, please ca		
Ashtan Richey		727 (42-7273	
Name (of Person	at () Area Code Daytir	ne Telephone Number
Fortered in a short face	ska Callantina massanti		
Enclosed is a check for t	_	D \$55 00 Filipp For &	☐ \$60.00 Filing Fee,
\$ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	aation
Registration		Registration So Division of Co	
Division of C P.O. Box 633		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&J Services of Citrus, LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
W&R Property Solutions, LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	95 South Pine Ave.,	
Principal office address MUST BE A STREET ADDRESS)	Inverness, FL 34450	
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, <u>enter t</u>	he name of the new regi
ngent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	,	Vib 1 ² ouc
New Registered Agent's Signature, if changing Registered Agent:		٠.

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
AMBR	Robert Warneck	95 South Pine Ave., Inverness FL 34450	
			■Add
			□Remove
			□Change
MGR	James Dill	5299 WEST PINE RIDGE BLVD., Beverly Hills FL34465	
			□Add
			≡ Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(II an cli Note:	tive date, if other than the date of filing:
he recor ord is fi	d 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 led.
	July 13th 2021
Dated	Timet
	Signature of a member or authorized representative of a member