## LZ1000033129

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO:  |   |                              |                                       |  |
|--|---|------------------------------|---------------------------------------|--|
| SHRII  | €CT·  | A Class Pr                   | operty Services LLC                   |  |
| 0000   |   | Name of Lin                  | nited Liability Company               |  |
| The en   | closed Articles of  | Amendment and fee(s) are sub | omitted for filing.                   |  |
| SUBJECT:  A Class Property Services 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:  Sonta Becerra Name of Person  Swyft Filings Firm/Company  3 Greenway Plaza #1320  Address  Houston, TX 77046  City/Suite and Zip Code filings@swyftfilings.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sonia Becerra  1 at (877) 777-0450  Name of Person  Area Code Duytime Telephone Number  Enclosed is a check for the following amount:  Styling Fee Certificate of Status  Certificate Copy (additional copy is melosed)  Mailling Address: Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee |   |                              |                                       |  |
|  |   |                              | <del></del>                           |  |
|  |   |                              | Name of Person                        |  |
|  | Division of Corporations  A Class Property Services LLC  Name of Limited Liability Company  Closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Sonia Becerra  Name of Person  Swyft Filings  Firm/Company  3 Greenway Plaza #1320  Address  Houston, TX 77046  City/State and Zip Code filings@swyftfilings.com  E-mail address (to be used for future annual report notification)  her information concerning this matter, please call:  Sonia Becerra  Name of Person  att (877) 777-0450  Area Code Daytine Telephone Number  di is a check for the following amount:  100 Filing Fee \$ \$60.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations |                              |                                       |  |
|  |   |                              | · · · · · · · · ·                     | ······································ |
|  | Division of Corporations  SUBJECT: A Class Property Services 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:    Sonta Becerra   |                              |                                       |  |
|  |   |                              | Address                               |  |
|  |   |                              | Houston, TX 77046                     |  |
|  |   |                              | City/State and Zip Code               |  |
|  |   | F-mail address:              |                                       |  |
| For fur  | ther information o  |                              |                                       | eport notification)                    |
|  | Sonia B   | ecerra                       |                                       | 777-0450                               |
|  | Name o  | f Person                     | Area Code                             | Daytime Telephone Number               |
| Enclose  | ed is a check for the   | he following amount:         |                                       |  |
| <b>⊠</b> \$2:  | 5.00 Filing Fee   | <del>-</del>                 | Certified Copy                        | Certificate of Status & Certified Copy |
|  |   |                              | · · · · · · · · · · · · · · · · · · · |  |
|  | _   |                              | <del>-</del>                          |  |
|  |   | -                            |                                       | •                                      |
|  | Tallahassee, I  | FL 32314                     |                                       |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | Class Property Services LLC                                |                            |                      |
|---|--|----------------------------|----------------------|
| (Name of the Limited Liabili<br>(A Florida                      | ty Company as it now appears of Limited Liability Company) | on our records.)           | <del></del>          |
| The Articles of Organization for this Limited Liability C       | Company were filed on                                      | 01/08/2021                 | and assigned         |
| Florida document number L21000023129                            | . ,  |                            | <b>_</b>             |
| Torida document number  | <del>.</del>   |                            |                      |
| This amendment is submitted to amend the following:             |  |                            |                      |
| A. If amending name, enter the new name of the limit            | ited liability company here                                | <b>:</b>                   |                      |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the desi                          | gnation "LLC" or the al    | obreviation "L.L.C." |
| Enter new principal offices address, if applicable:             |  |                            |                      |
| Principal office address MUST BE A STREET ADDR                  | RESS)  |                            |                      |
| Enter new mailing address, if applicable:                       |  |                            |                      |
| Mailing address MAY BE A POST OFFICE BOX)                       |  |                            |                      |
|   |  |                            |                      |
|   |  |                            | 1521)                |
| 3. If amending the registered agent and/or registered           | d office address on our rec                                | ords, <u>enter the nan</u> | ne of the new regist |
| gent and/or the new registered office address here:             |  |                            | co                   |
|   | David R Cen  | tracchio                   | 呈 、                  |
| Name of New Registered Agent:                                   |  | <del></del>                | <del></del>          |
| New Registered Office Address:                                  | 7811 Rottingham  | Road                       | C.                   |
|   | Enter Florida street address                               |                            |                      |
| ·   | Port Richey  | , Florida                  | 34668                |
|   | City   |                            | 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 Now 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> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
|              |             |             | □Add           |
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|              |             |             | □ Change       |

|                         | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| fective                 | date, if other than the date of filing: (optional)  |
| an effecti<br>ote: If t | ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records. |
| record spite is filed.  | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| ated                    | June 2 2021   |
|                         | Signature of a member or authorized corresentative of a member  |
|                         | -   |
|                         | Typed or printed name of signee   |