

L21000046667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

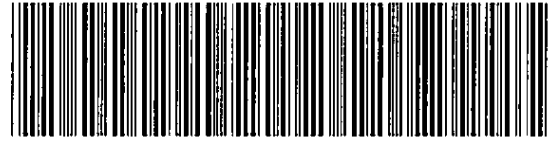
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2023 OCT -3 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Envision 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:

Tomas Hernandez
Name of Person

Envision Property Services LLC
Firm/Company

8008 N 40th St Apt. A
Address

Tampa, FL 33604
City/State and Zip Code

envisionpropertieservicesllc@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Marissa Reagan at (813) 485-1530
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Envision Property Services 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 01/25/2021 and assigned Florida document number L21000046667.

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**)

8008 N 40th St Apt. A
Tampa, FL 33604

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8008 N 40th St Apt A
Tampa, FL 33604

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:

Marissa Beagan

New Registered Office Address:

3906 Broomsedge Ln

Enter Florida street address

Valrico

City

Florida

33596

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.

Marissa Beagan
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>
MGR	Russell Cruze	5401 16 th Ave N	<input type="checkbox"/> Add
		St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marissa Reagan	3906 Broomsedge Ln	<input checked="" type="checkbox"/> Add
		Valrico, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2023 OCT -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT -3 AM 11:17
SECRETARY OF DEFENSE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/27/2023 BY 60322
UCBAW/BJA

SECRET//NOFORN
2023 OCT -3 AM 11:17
WALLINGFORD, CT

(If an effective 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 (3)(b)

Dated 9/21/2023 :

Russell S.
Signature of a member or authorized representative of a member

Russell CRUZ
Typed or printed name of signee

Filing Fee: \$25.00