## L21000095514

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo	orations			•	
SUBJE	çт: <u>Sco</u>	oter's	Properti	SOLUTIO led Liability Company	wr, Lle	<u>C.</u>
	losed Articles of A			-		
Please r	eturn all correspond	dence conce	rning this matter t	o the following:		
			Austia	CASTLE Name of Person		
		<u>Sc</u>	cooter's	Property Firm/Company	Sourtions	, LLC
		5	739 Q	Address	37	
			AKELAND	FL 3381 City/State and Zip C	11 Ode	
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For furt	her information cor	ncerning this	matter, please ca	II:		
Au	W TIN CA	FSTLE Person	<del></del>	at (_ <b>863</b> Area Code	) <b>899 - 3</b> Daytime T	elephone Number
Enclose	d is a check for the	following a	mount:			
₩ <b>\$</b> 25	5.00 Filing Fee		Filing Fee & cate of Status	☐ \$55.00 Filing I Certified Cop tadditional copy i	y	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	.•		Stre	et Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Florida document number <u>L21000095519</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Southside Property Solutions, LLC.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	and assigned
Florida document number <u>L21000095519</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Southside Property Solutions, LLC.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	and assigned
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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev  Enter new principal offices address, if applicable:	<del></del>
Enter new principal offices address, if applicable:	on "L.L.C."
${f T}$	AP 1
(Principal office address MUST BE A STREET ADDRESS)	5 I
	<b>3</b> [1]
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	f the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
Enter Florida street address	
Florida	Zip Code
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 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
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