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## **COVER LETTER**

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CHD HECT		ty Solutions Development & C	onsulting Services, LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Brian Bartholomew		
			Name of Person	<del></del>
		ROI Poperty Solutions, LL	.C	
			Firm/Company	
		2803 Four Winds Drive		
			Address	
		Missouri City, TX 77459		
		<u></u>	City/State and Zip Code	<del></del>
		info@RoiPropertySolutions		
		E-mail address: (	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please ca	all:	
Brian Bartl	iolomew		281 772-6608	
	Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
☐ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		<u>Street Address:</u> Registration Se	ection
		orporations	Division of Cor	-
	O. Box 632 allahassee, I		The Centre of 7 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROI Property Solutions Development & Consulting 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 July 20th, 2021 \_\_\_\_ and assigned Florida document number L21000330444 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a 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: Michael Stotts Name of New Registered Agent: 728 SW River Bend Cir New Registered Office Address: Enter Florida street address Stuart 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.

Michael Stotts

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>	Name	Address	Type of Action
n/a	n/a	n/a 	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			Change
		<del></del>	□Add
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			□Change
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			□Change

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Brian Bartholomew	

Filing Fee: \$25.00