| h21000 | 343309 |
|---|--------------------------------------|
| (Requestor's Name) (Address) (Address) | 800372326518 |
| (City/State/Zip/Phone #) | 2021 AUG 30 SEDUL AUG TAUL AUG |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 330 AH 9: 00 |
| | |
| Office Use Only | |

ÌΓ



COVER LETTER

TO: **Registration Section Division of Corporations**

.

SUBJECT: <u>Absolute Property Management Florida</u>, LLC Name of Limited Liability Concerns

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Kirk M | Name of Person | | |
|--|---|---|---|
| Absolute Pro | perty Managemer | nt Florida, UC | |
| 1387 Marin | a Pointe Blvd Address | | |
| Lake Drion, | MI 48362 City/State and Zip Code | | |
| <u>(Idrienne (ISO</u> t-mail address: | to be used or future annual report notific | | |
| For further information concerning this matter, please c | call: | 021 F | |
| Adrienne Morris | at (<u>248</u>) <u>909</u> Area Code Daytime | 16325 Telephone Number | |
| Enclosed is a check for the following amount: | | ол е по 11 11 11 11 11 11 11 11 11 11 11 11 11 | 0 |
| Certificate of Status | \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

Ę,

| ARTICLES OF A TC ARTICLES OF OF OF |) RGANIZATION |
|--|---|
| Absolute Property Manage (Name of the Limited Liability Company) (A Horida Limited Lie | ement Florida, U.C. s as it now appears on our records.) ubility Company) |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L210D0.343309</u> . | rere filed on 7/29/2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabili</u> | ty 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 <u>A STREET ADDRESS)</u> | |
| | |
| 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 the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

| Name of New Registered Agent: | | ĀĽ. | 021 AU | 71 |
|--------------------------------|------------------------------|----------|-----------------|-------|
| Mane of New Registered Agent. | | <u></u> | <u>_ရာ</u> ယ | |
| New Registered Office Address: | | <u> </u> | 0 | · · · |
| | Enter Florida street address | | R | . 24 |
| | , Florida | <u> </u> | 9 | |
| | City | Zip | Ē | |

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added • <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-------------------------|--|
| MGR | Adrienne Morris | 1387 Marina Pointe Blvd | |
| | | Lake Orion, MI 48362 | IRemove |
| | | | |
| | | | 🗆 Add |
| | | | IRemove |
| | | | |
| | | | _ TAdd |
| | | | = Remove |
| | | ······ | Change |
| | | | |
| | | | - Bemoyee - Bemo |
| | | | _ TAdd TRemove |
| | | | □ □ Change |
| | | | = Add |
| | | | |
| | | | _ = Change |

 A second sec second sec

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | · · · · · · · · · · · · · · · · · · · |
|---|---------------------------------------|
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | 2021 |
| | 121 AL |
| | |
| | |
| | <u> </u> |
| | <u>C</u> 7 |
| | |
| | |
| | |
| | (optional) |
| fective date, if other than the date of filing: | (optional) 👘 🛄 |

(If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605,0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

| Dated 8/18/2021. |
|---|
| <u>Aducence</u> Monts <u>Signature of a member or authorized representative of a member</u> |
| Advience Morris Kirk Morris |