21000359542

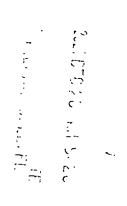
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A. BUTLER
JAN - 7 2022

COVER LETTER

TO: Registration S Division of Co			•
	westment Property, LLC	, ,	
3003EC.1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Andres Bastardo		
		Name of Person	
	National Home Solutions,	LLC	
		Firm/Company	
	4801 Gulf Blvd Suite 242		
		Address	
	St Pete Beach, FL 33706		
		City/State and Zip Code	
	info@ntlhomesolutions.con		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Jerry Simmons		407 550-5966 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

National Investment Property, LLC	ψ ψ _ψ .	Contract of the State		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our recorded Limited Liability Company)	<u>rds.</u>)		
ne Articles of Organization for this Limited Liabilit orida document number <u>L21000359542</u>	• •	and assigned		
nis amendment is submitted to amend the following				
. If amending name, enter the new name of the	limited liability company here:			
ne new name must be distinguishable and contain the words	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AL	ODRESS)			
nter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>			
	<u> </u>			
 If amending the registered agent and/or registered and/or the new registered office address her 		r the name of the new regi		
gent and/of the new registered office address her	<u>c</u> .			
Name of New Registered Agent:				
Name of New Ixegistered Agent.				
New Registered Office Address:	Enter Florida street addr	are.		
		lorida		

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 New Registered Agent

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

MGR = Manager

-					₾		
١	M	BR	= ,	Autho	rized	Men	nber

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NTL Home Solutions, LLC	3225 McLeod Dr. Suite 100	
		Las Vegas, NV 89121	■Remove
			□ Change
MGR	National Home Solutions, LLC	7901 4TH ST N STE 300	≣ Add
		ST. PETERSBURG, FL 33702	☐Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
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Tective date, if other than effective date is listed, the ote: If the date inserted in ocument's effective date of	date must be specif n this block does	ic and cannot be pri- not meet the appl	or to date of filing or icable statutory fil	more than 90 days at	fter filing.) Pursuant to	605,0207 listed as
record specifies a delayed is filed.	effective date, bu	it not an effective	time, at 12;01 a n	i, on the earlier of:	(b) The 90th day a	ifter the
November 30		2021				
		 ·	·			
ated	ر سعوا	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
ated	rignature	of a member or aut	thorized representati	ve of a member		

Filing Fee: \$25.00