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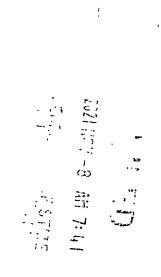
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(Requestor's Name)
(Address)
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A. BUTLER

COVER LETTER

Division of Corporations				
SUBJECT:	DNZ Po	perty Solutions	LLE	
	, value vi siii	ned Balliny Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		N 2 Propert	y Sovlutions LLC.	
	4293	Daybury Tem	1 ce	
	Wash F	City/State and Zip Code	34286	
For further information co	enclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: Davie Varges Name of Person			
Name of	Person	at (<u>J39)</u> S98 Area Code Daytir	re Telephone Number	
Enclosed is a check for th	e following amount:			
(X) \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			etion	
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	7	The Centre of	[allahassee	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number _____ 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
Amro	Daviel Varges	429) Darbig Terra	North Port, F1 342FG
 -\			
			Change
			□Add
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(If an effect Note: If	e date, if other than the date of filing:
he record : ord is filed	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 d.
Dated _	November 4th 2021
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00