

171 000446265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

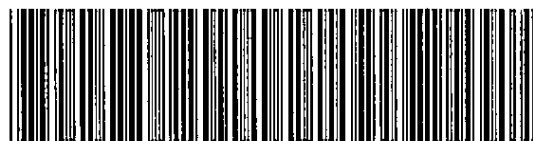
(Business Entity Name)

(Document Number)

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10/28/21--01003--018 **25.00

11/4/21

T.A.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 28 AM 10:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Packaged Property Solutions, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BARBARA H BYERS.

Name of Person

Packaged Property Solutions, LLC

Firm/Company

4325 N OCEAN DR

Address

Landersdale-By-The-Sea, FL-33808

City/State and Zip Code

147solutions@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Morris

Name of Person

at (217) 971-2274

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

Packaged Property Solutions, 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 10/12/21 and assigned Florida document number L21000446265

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

Florida

City

Zip Code

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, 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>	<u>Address</u>	<u>Type of Action</u>
RA	Barbara Byers	4325 N Ocean DR.	<input type="checkbox"/> Add
		LBTS, FL - 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	Barbara Byers	4325 N Ocean DR.	<input checked="" type="checkbox"/> Add
		LBTS, FL - 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-10-08 BY 60322 UCBAW

2011 OCT 28
Remove
Change
Add
Remove

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

We accidentally added "BARBARA BYERS"
as a Registered Agent, when she
should be an "PRES" ~~AGENT~~, our President
of Packaged Property Solutions, LLC

2021 OCT 28 PM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: Oct 22, 2021 (optional)

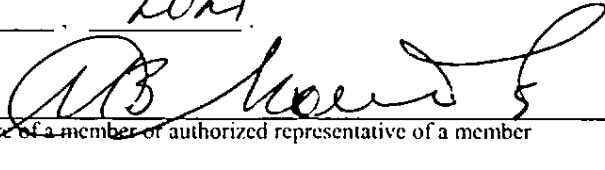
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: 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

Oct 22, 2021


Signature of a member or authorized representative of a member

MICHAEL MORRIS

Typed or printed name of signer