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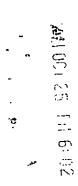
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: LF6 Prozerty 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:   |
| David Goldin Name of Person   |
| LFG Progerty Solutions LLL Firm/Company   |
| 15013 Lalle Enerald Blud Address  |
| City/State and Zip Code  Lfg/Prozecty Solutions Q yahos.com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| David Goldin at (S13) 833-9924  Name of Person at (S13) Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| □ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  |   |   | #Z1 00 / 25           | 5 PH 6: 02               |
|--|---|---|-----------------------|--------------------------|
| (Name of the Lim   | ited Liability Compai<br>(A Florida Limited L | ny as it now appears on<br>liability Company) | our records.)         | • •                      |
| The Articles of Organization for this Limited I  |   | were filed on $\sqrt{g}$                      | 21/21                 | - p<br>and assigned      |
| This amendment is submitted to amend the fol   | llowing:                                      |   |                       |                          |
| A. If amending name, enter the new name  | of the limited liabi                          | lity company here:                            |                       |                          |
| The new name must be distinguishable and contain the                                   | words "Limited Liabil                         | ity Company," the desig                       | nation "LLC" or the a | bbreviation "L.I.,C."    |
| Enter new principal offices address, if appli  | icable:                                       |   |                       |                          |
| (Principal office address MUST BE A STRE   | ET ADDRESS)                                   |   |                       |                          |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE     | E BOX)  |   |                       |                          |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office a<br>ess here:              | ddress on our reco                            | rds, enter the nar    | ne of the new registered |
| Name of New Registered Agent:  | Franci  | so Ferna                                      | nder t                | U                        |
| New Registered Office Address:   | 15703   | So Ferna<br>Gaidens.d<br>Enter Florida:       | e Lave                |                          |
|  | Tany  | City  | , Florida _           | 33618                    |
|  |   | Cuy   |                       | лір Соав                 |

## 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>           | Address                 | Type of Action  |
|--------------|-----------------------|-------------------------|-----------------|
| AMBR         | David Goldin          | 15013 Lake Enerald Blud | □Add            |
|              |                       | Tama, FL 33618          | <b>D</b> Remove |
|              |                       | <del></del>             | □Change         |
| 7 mBE        | Franciso Fernandez IV | 15703 bardenside Love   | DAdd            |
|              |                       | Tanga, 33624            | □Remove         |
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| i ailiei            | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                   |
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| <u>lote:</u> I      | te date, if other than the date of filing:  |
| record<br>l is file | 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. |
| ated _              | 10/22/21  |
|                     |   |
|                     | Signature of a member or authorized representative of a member  |
|                     | Typed or printed name of signee   |