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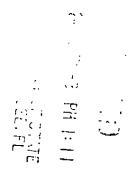
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5. HUNT 11/15/21

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJEC	PARALLE	L SOLAR LLC		
SOBJEC	O1.	Name of Lim	ited Liability Company	
The enci	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	endence concerning this matter	to the following:	
		BRANDON P BARRIGA		
			Name of Person	
		PARALLEL SOLAR LLC	;	
			Firm/Company	
		10806 TILSTON POINT		
			Address	
		ORLANDO, FL 32832		
			City/State and Zip Code	············
		barrigb7@gmail.com	to be used for future annual report notific	
For furth	ner information c	oncerning this matter, please o	•	cation)
			an.	
<u> </u>	andon		at (321) 946-	1274
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Sect Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARALLEL SOLAR 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 11/19/2021 and assigned Florida document number <u>L21000498613</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PROPERTY MASTER SOLUTIONS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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
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			□Remove
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effective date is listed.	the date must be s	pecitic and	cannot be p	rior to date	e of filing or	more than t	90 days afte	er filing.) F		
<u>e:</u> If the date inserte iment's effective da					taiutory iii	ing require	ements, th	us date w	iii not i	be fisted
ord specifies a delay filed.	red effective dat	e, but not	an effectiv	e time, a	t 12:01 a.n	n. on the ca	ırli er of: (b) The	90th da	y after th
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