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2022 MAR II AM 8: 32 SECRETARY OF STATE

A. BUTLER
MAR 2 3 2022

COVER LETTER

то:	Registration Se Division of Cor			
CUD IE		operty Solutions, LLC	• .	
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		John Russell		
		•	Name of Person	
		Original Property Solution	s, LLC	
			Firm/Company	····
		7282 55th Ave E, #118		
		·	Address	* *** ********************************
		Bradenton, FL 34203		
			City/State and Zip Code	
		john@originalpropertysolut		
		E-mail address: (to be used for future annual report n	otification)
For furth	er information o	concerning this matter, please c	all:	
John Ru	ssell		941 212-1400 at ()	
	Name o	of Person		ime Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$25.	.00 Filing Fee	S30.00 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		Street Address:	· Constinu
	Registration Division of C		Registration S Division of C	
	P.O. Box 632		The Centre of	-

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ORIGINAL PROPERTY SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our fee bress) | AM 8: 32

(A Florida Limited Liability Company)

		SECRETARY OF STATE
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{2/23/22}{}$	IALLAHASSEE, and assigned
Florida document number L22000095849	<u> </u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our record	ls, 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 sti	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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 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	Russell, Carola J	7282 55th Ave E, #118	🗀 Add
		Bradenton, FL 34203	■Remove
			□Change
MGR	Russell, John P	7282 55th Ave E, #118	□Add
		Bradenton, FL 34203	□ Remove
			■Change
		 	□Add
			□Remove
			□ Change
			□ Add
	•	<u> </u>	□Remove
			Change
		 	
		,	Change
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			□Remove
			☐ Change

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John P. Russell	_	face	Signature of	a member or aut	horized represo	entative of a mo	mher		_
	Int	n P. Duccoll							

Filing Fee: \$25.00