# L22000 348 147

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ADC 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:
Austen Coleman Name of Person
ADC Property Solutions
131009 Whitby Rd
Hudson, FL 3410107 City/State and Zip Code
E-mul address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (35) 777-1045 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, 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

A DC Pro	ed Hability Company as it now appears (A Florida Limited Liability Company)	on our Jecords.)
The Articles of Organization for this Limited Li Florida document number <u>L22000</u>	ability Company were filed on	8(15)32 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/or re agent and/or the new registered office addres	egistered office address on our re is here:	cords, enter the name of the new registered
Name of New Registered Agent:	Austen Col	eman
New Registered Office Address:	13609 Wi Enter Florid Hudson	da street address  Florida 3466
New Registered Agent's Signature, if changing R	Caty  Registered Agents	Zip Code

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 stith 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>	Name	Address	Type of Action
			□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
	<del></del>		🗀 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove

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ote: If th	late, if other than the date of filing:
record spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	8/24/2022
	Signature of a confidence and thorough representative of a member

Filing Fee: \$25.00