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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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R. HUNT 0//3//23

COVER LETTER

TO: Registration Se Division of Co						
	NDENTIAL SOLUTIONS LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JOSE M LOPEZ					
		Name of Person			ن د - ع	
	LM RESIDENTIAL SOL	UTIONS LLC		£ ,		
Firm/Company					<u>(,)</u>	,
	4121 E BUSCH BLVD A	PT 707		13 (1) 13 (1) 15 (1)	133	1
		Address		- 교립 교립	င္ပ်ာ	,
	TAMPA, FL 33617			' H	7	
		City/State and Zip Code		_		
		•	 -			
For further information (e-mail address: (ication)			
JOSE M LOPEZ	concerning this matter preums o					
	of Person	at ()	Telephone Numbe	·r		
Name	n reisuii	Aca code Dayana	releptione remite	•		
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certifie	ate of Stati d Copy		
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	etion			
Division of C	Corporations	Division of Cor	porations			
P.O. Box 63: Tallahassee.		Name of Person TIAL SOLUTIONS LLC Firm/Company Address 3617 City/State and Zip Code ISERVICES-INC@HOTMAIL.COM ail address: (to be used for future annual report notification) er, please call: 18				
i ananassee.	ا الرسد ليدا	211211111111				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		L SOLUTIONS LI			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appear Liability Company)	rs on our records	<u>.</u>)	
The Articles of Organization for this Limited Liab Norida document number 1.2300008159	oility Company	were filed on 01	/03/2023		_ and assigned
his amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	oility company he	ere:		
LM RESIDENTIAL SOLUTIONS LLC					
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the d	lesignation "LLC"	or the abbro	viation "L.L.C."
Enter new principal offices address, if applicat	ole:	N/A			
Principal office address MUST BE A STREET					7527
Trinequit office diances from 1991 1991 1991	A THE TO BE THE MENTAL				·
Enter new mailing address, if applicable:		N/A			53
Mailing address MAY BE A POST OFFICE B	0X)			نبات	~
Maning underess BIAT BE A FOST OF FICE B	<u>020</u>			2.5	्र प्र
				i	7
B. If amending the registered agent and/or registered agent and/or the new registered office address	here:	address on our r	ecords, <u>enter (</u>	the name (of the new regist
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Flo	rida street address	•	
			, Flo	rida	
		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 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
		N/A	□ Add
			□Remove
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Filing Fee: \$25.00