## 623000222063

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08/07/21

## **COVER LETTER**

Division of Co	rporations			
	RES PROPETIES LLC			
	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:		
	DANIEL TEVEZ			
		Name of Person		
	D&D BAIRES PROPERT	IES LLC		• 11 7
	Firm/Company			
	6802 ROSEWOOD CT		-	
	-	Address		
	TAMPA 33615			
		City/State and Zip Code		. F
	danieltev@gmail.com	to be used for future annual report not	(Creation)	והן
For further information c	concerning this matter, please c		meanony	
DANIEL TEVEZ		813 8933092		
Name o	of Person	at () Area Code Daytin	ne Telephone Number	<del></del>
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)	Certified C	of Status &
Mailing Address Registration Division of C	Section	Street Address: Registration Sc Division of Co		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of	Fallahassee be Street, Suite 81	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&D BAIRES PROPERTIES 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 C	Company were filed on 01/10/23	and assigned
Florida document number 1.23000022063	<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:	
E-MOTION SOLUTION LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		• . •
(Principal office address MUST BE A STREET ADDR	RESS)	· · · · · · · · · · · · · · · · · · ·
		<u>-</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		7 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:	New Registered Office Address:  Enter Florida street address  , Florida  City Zip Code	
	·	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, gent as provided for in Chapter 602 ed office address. I hereby confirm (	and I am familiar with and 5, F.S. Or, if this document is

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
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			Change 72
		·-	
			Remove
			□Change
			□Add
			□Remove
	···		
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_ JUNE 24 2024 Signature of a member or authorized representative of a member DANIEL TEVEZ

Filing Fee: \$25.00

Typed or printed name of signee