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Certified Copies	Certificates of Status _	
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COVER LETTER

SUBJECT: Saphelus Property Solutions LLC. Name of Limited Mability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shanica Joseph Name of Person Firm/Company 272a NW 39th Jer. Apt 203 Address Lauderdale Lakes FL 33311 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shanica Joseph Name of Person at (454) Area Code Daytime Telephone Number (250) Einclosed is a check for the following amount: S255.00 Filing Fee Sol.00 Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	TO: Registration Sec Division of Corp			
Please return all correspondence concerning this matter to the following: Shanica Joseph Name of Person Firm (Company) 2729 NW 39th ter. Apt 703 Address Lauderdale Lakes FL, 33311 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shanica Joseph Name of Person at (ASH) 496 - 0063 Area Code Dayrime Telephone Number F. T.	SUBJECT: SOP	helus Proper	TY Solutions LL ited Riability Company	<u>.C .</u>
Shanica Joseph Name of Person Firmt/Company 2729 NW 39th ter. Apt 203 Address Lauderdale Lakes FL, 33311 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shanica Joseph Name of Person at (954) 496 - 0063 Area Code Daytime Telephone Number F. G. Enclosed is a check for the following amount: 2525.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
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P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	P.O. Box 6327	7	The Centre of Ta	llahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saphelus Property (Name of the Limited Liability (A Florida)	Solutions L Company as it now appears on Limited Liability Company)	our records.)	
the Articles of Organization for this Limited Liability Company were filed on 02-20-2023 and assigned lorida document number L23000089303. This amendment is submitted to amend the following: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address MAY BE A POST OFFICE BOX) The amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:			
Florida document number <u>L23000599303</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
Enter new principal offices address, if applicable:		nation "LLC" or the abbreviation "L.L.C."	- -
Enter new mailing address, if applicable:			- -
(Mailing address MAY BE A POST OFFICE BOX)		1	_
B. If amending the registered agent and/or registered	office address on our reco	17100 00	- ered
agent and/or the new registered office address here:		LIE 6	
Name of New Registered Agent:			_
New Registered Office Address:		<u> </u>	_
	Enter Florida s	treet address	
	City	, Florida Zip Code	_
	Ciņ	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 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
<u>Ceo</u>	Shanica Joseph	2729 NH 391hter (Apt 203)	Lauderdale Lakes FL, z	Add 3311
				□Remove
				Change
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Page 2 of 3

ective date, if other than the date of filing: (optional)	
ective date, if other than the date of filing: 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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling the 90th day after the record is filed.	-
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Signature of a member of authorized representative of a member	
Shanica Joseph	