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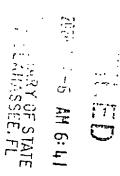
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| Special Instructions to | —- Filing Officer: | |
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Office Use Only



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6. HUNTT 06/06/24

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: H + R Property Solutions L Name of Limited Liability Company | LC |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Rychard Reddick Name of Person | |
| Firm/Company | |
| 15635 Black pepper 1 | Lane B |
| City/State and Zip Code | LAHASSI II |
| E-mail address: (to be used for future annual report noti | Mail. CONAS A |
| For further information concerning this matter, please call: | ' |
| Rychard Reddick at (813) 1018. Name of Person Daytime | 1533 e Telephone Number |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Street Address: Registration Sec | Nion |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number L 23000172103 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, 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 street address

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.

City

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 |
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| ffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be poster. If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstruction. | plicable statut | iling or more than ory filing requir | (option 90 days after file ements, this d | ling.) Pi | arsuant II not F | to 605.02 se listed | 207 (as t |
| record specifies a delayed effective date, but not an effective d is filed. | ve time, at 12: | 01 a.m. on the c | arlier of: (b) | The 9 | Oth da | y after th | he |
| Dated June 4th 202 | 11. | | | | | | |
| Signature of a member or a | W ₂ C | Scantation of a sec- | mbar | _ | | | |