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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TCA	Houe So. Name of Lin	nited Liability Company	202
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	2023 JUN -8
Please return all correspon	dence concerning this matter	to the following:	A:
		Name of Person ne Soluhon	8: 26
	8402 U	Address City/State and Zip Code OPERTY SOLUTIONS	~e
	E-mail address: (to be used for future annual report notif	fication)
For further information con	recerning this matter, please c	ar 201 681	7685 Telephone Number
Enclosed is a check for the	following amount:		
525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

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imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L2300026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ome SOCUTIONS 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.

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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ive date, if other than the date of filing:	_ (optional)	
ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirem	lays after filing.) I ents, this date w	ursuant to 605.02 ill not be listed
ent's effective date on the Department of State's records.		
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	er of: (b) The	90th day after th
8 13 23		
/It the		
Signature of a member or authorized presentative of a member		

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