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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

- Homeowner's Property Solutions, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsey Emanuel

Name of Person

Firm/Company

9062 Blackstone Street

Address

Spring Hill, FL 34608

City/State and Zip Code

smkmts36@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Lindscy Emanuel
 352
 797-1722

 at (\_\_\_\_\_)
 \_\_\_\_\_\_
 \_\_\_\_\_\_

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

🕮 \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is eaclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A	MENDMENT
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ARTICLES OF OR	
OF	2029 JUN 26 AM 11: 28
Homeowner's Property Solutio	ms. LLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ns, LLC as it now appears on our records) (15510 11555) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
Homeowner Property Solutions, LLC	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
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 ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registere</u>
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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

, Florida

Zip Code

# • • • •

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>	Name	Address	Type of Action
<u></u>	<u> </u>		⊐Add
			🗆 Change
			🗆 Add
			□Remove
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			🗋 Remove
			□Change
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			🗆 Remove
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### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 21	2023	$\bigcap$	
	K. fr			
		Aure of a member or authorized ro	presentative of a member	
	Lindsey	Emanuel		
		11	-	

Typed or printed name of signee