L23000296155

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | porations | • | • • • · · · · · · · · · · · · · · · · · |
|--|--|---|--|
| | ty Solutions LLC | | |
| SUBJECT. | 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: | |
| | Kathryn Wilsom | | |
| | | Name of Person | |
| | New Business Filing | | |
| | | Firm/Company | |
| | 8170 Washington Village | Drive | |
| | | Address | |
| | Dayton Ohio 45458 | | |
| | orders@newbusinessfiling. | City/State and Zip Code | |
| | | to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Daniel Finn | | 727 667-0330 at () | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

| Finn Property Solutions LLC | 202 3 JUL 1 | 7 111 - |
|---|---|------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our record Liability Company) | <u>lst)</u> 60 /: 45 |
| he Articles of Organization for this Limited Liability Company | osmona in co | $J = \frac{1}{2}$ |
| | y were filed on OW2012023 | and assigned |
| lorida document number 1.23000296155 | • | |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited lia | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC | or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | <u></u> , |
| | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or registered office | address on our records, enter | the name of the new regist |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | ss . |
| | | orida |
| | City | 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 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 |
|--------------|-------------------|--|----------------|
| AMBR | Patricia Finn | 3519 Foggy Mist Road SE Palm Bay Florida 32909 | = Add |
| | | | □Remove |
| | | | □ Change |
| MGR | Farrah Finn Smith | 403 Hackberry Drive Rockwall Texas 75087 | □Add |
| | | | Remove |
| | | | □Change |
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| Effective date, if other than (If an effective date is listed, the date | the date of filing: | or to date of filing or more than | (optional) 90 days after filing.) Pursuant to 60 | 5.0207 (|
| Note: If the date inserted in the document's effective date on the | is block does not meet the app | licable statutory filing requir | rements, this date will not be lis | ted as t |
| he record specifies a delayed effoord is filed. | ective date, but not an effective | time, at 12:01 a.m. on the ϵ | earlier of: (b) The 90th day after | er the |
| Dated July 11 | 2023 | | | |
| Dated July 11 | ·· | · | | |
| | | thorized representative of a me | | |
| | Signature of a member or au | thorized representative of a me | mber | |