Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000182119.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

and the same of th

To:

Division of Corporations

Fax Number : (850)617-6383

Engart

Account Name : NO ACCOUNTING SERVICES CORP

Account Number : 12024000034 Phone : (305)686-2850 Fax Number : (844)587-9637

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: njtaxservices22@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BULEAR PROPERTY INVESTORS LLC

Certificate of Status	0
Certified Copy	()
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

 Help

COVER LETTER

	Registration Se Division of Co				
SUBJEC	BULEAR	PROPERTY INVESTORS LL	С		
SUBJEC		Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		ALAIN HERNANDEZ			
	Name of Person				
		BULEAR PROPERTY IN	EVESTORS LLC		
Firm/Company					
		48985 CORKSCREW BL	VD		
			Address		
		CLEWISTON, FL 33440			
			City/State and Zip Code		
		NJTAXSERVICES22@G!			
		E-mail address; (to be used for future annual report	notification)	
For furthe	r information c	oncerning this matter, please c	all:		
ALAIN I	IERNANDEZ		863 677-151-	4	
Name of Person		Area Code Day	rtime Telephone Number		
Enclosed	is a check for th	he following amount:			
≣ \$25.0	0 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 Addres Registration 1		Street Address Registration		
	Division of C		Division of Corporations		
	P.O. Box 632			of Tallahassee	
	Fallahassee, I	FL 32314	2415 N. Moi	aroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L23000325953		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
FORECLOSURE SOLUTIONS OF FLORIDA LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		021
The participant of the control of th		·
		[V
		0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		V-000
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enier Florida street address	
	, Flo	urida
	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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
		-	\ \ \ \ \ \ _ _ _
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
		 	□Remove
		.	□Change
			□Add

□Remove

Page 2 of 3

-		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		 -
		<u>.</u>			
					
					
					
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	lock does not meet the a	applicable statutor;	g or more than 90 da y filing requiremer	(optional) ys after filing.) Pursuan nts, this date will not	t to 605.0207 (3 be listed as th
the record specifies a delayed) The 90th day after the rec		ut not an effect	ive time, at 12	:01 a.m. on the	earlier of:
Dated MAY 23RD	2024				
174101					