L23000426506

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FIVE		ome Solution ted Liability Company	ons
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The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	The	CESCI TIEME Name of Person	
	Fist Ch	oce Home So	s e
	1037 NH	8th Ave	2023 OCT -3 SEGRETAND TALLARD
	FUA Laurle	rdale FL 333	· · · · · · · · · · · · · · · · · · ·
	Dnness (Dieme Call. Co. d be used for future annual report notif	rication)
For further information c	oncerning this matter, please ca	all:	
Dereck Name o	LOUIS	at (305) 890 - Area Code Daytime	- 1737 : Telephone Number
Enclosed is a check for the	he 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 S		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	! <i> </i>	The Centre of T	ananssee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liab Florida document number <u>L230004</u>		ere filed on Septe	ember 13,	<u>2023</u> and	assigned
Florida document number	20300				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	<u>he limited liabili</u>	ty company here:			
The new name must be distinguishable and contain the word	ds "Limited Liabilit	v Company," the designa	ation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)	 			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>033)</u>			STORETANY SEED TO	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	<u>here</u> :				Tew registered
New Registered Office Address:		2nd Stree			
	toit La	icherdale	Florida .	3 3 30 1 Zip Co	ode

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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>	<u>Address</u>	Type of Action
MGR	Dereck Louis	360 SE 2nd Street	BAdd
		Fort Lauchendale, FL 33301	⊒ Remove
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