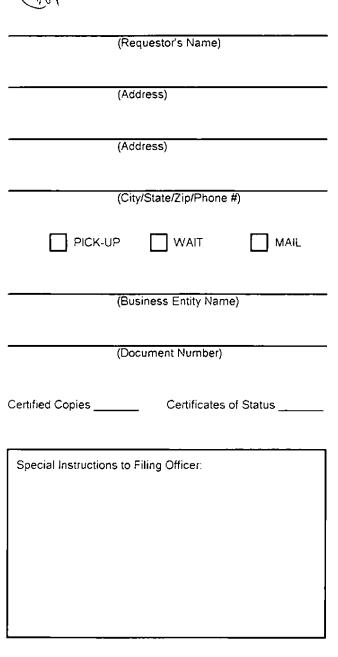
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			:	
SUBJECT: PYOP	erty Investo	ent Soluntions nited Liability Company	LLC	
	Name of Lin	nited Liability Company	<del></del>	
		ef.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	ALEXANDER MESA			
		Name of Person		
	Mesa Em	Firm/Company		
	615 GRAHAM DAIRY R	D		
		Address		
	VENUS FL 33960			
		City/State and Zip Code		
	mesaempirelle l@gmail.com	_		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)	
ALEXANDER MESA	Ç	863 835-3231		
Name o	f Person	at () Area Code Dayti	me Telephone Number	
			1 3 10 10 10 10 10 10 10 10 10 10 10 10 10	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address:	antin m	
Division of C		Registration S		
P.O. Box 632		Division of Corporations The Centre of Tallahassee		
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property Investi	ment Soluntions	· LLC
(Name of the Limited Liabil	lity Company as it now appears on o de Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability of Florida document number L2400019565	Company were filed on 01/ 5	10分 1202 4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line  Figures + went Properties  The new name must be distinguishable and contain the words "Line  The new name must be distinguishable and contain the words "Line  The new name must be distinguishable and contain the words "Line  The new name must be distinguishable and contain the words "Line  The new name of the line  The new name		non " LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		Si
Enter new mailing address, if applicable:		JAN 26
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	and office address on our record	FA 5
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s, enter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Emer Florida str	eet address
		Florida
	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 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:

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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The 90th day afte	a delayed effective er the record is file		ot an effective tim	ne, at 12:01 a.m. o	n the earlier o
ned 01/22/	/2024 Protemple Signatural		<u> </u>		
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membe	r of emple	1	orized representative of		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee