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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

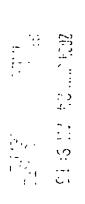




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COVER LETTER

Division of Corp	orations		
SUBJECT: RCX	Property Name of Lim	Solutions ited Liability Company	· •
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Kathryn	Boatrigh Name of Person	<u>t</u>
	Rex Prope	ety Soluti Firm/Company	ons
	5214 SE	13th pl Address	<u>. </u>
	Katielorg	City/State and Zip Code Code	Mail.com
For further information co	ncerning this matter, please ca	all:	
Kathryn	Boat gnt	at (352) 445 Area Code Daytime	· 4485 e Telephone Number
Enclosed is a check for the	e 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 enclosed)
Mailing Address		Street Address	·

Registration Section

TO:

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

Rex Property Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Lia	ability Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L240017877</u>	vere filed on April 15, 7	2024 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	abbreviation "L.I.	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 adagent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	ame of the new	registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	Zip Code,	
	, Florida	Zin Coda	
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Coue,	
	to got in this congoin. I femiliar	22	Issaniala alam
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I ar	m familiar with	ı and

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>	Address	Type of Action
nak	Kathryn Bo	atright 5214 SE	113th pl #Add
	·		FL.34420 Remove
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
10ne 20 2024	
ated June 20, 2024	
A 	
Signature of a member or authorized rep	recontative of a member

ET CALOR