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COVER LETTER

TO: Registration S Division of C					
	RITY PROPERTY SOLUTION	S, LLC			
SUBJECT:	Name of Lin	nited Liability Company			
	of Amendment and fee(s) are sub condence concerning this matter				
	Chad L. Gates, Esquire				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	BAND, GATES & DRAM	IIS, PL			
		Firm/Company			
	2070 Ringling Boulevard				
	Address				
	Sarasota, FL 34237				
		City/State and Zip Code	<u> </u>		
	cgates@bandgatesdramis.c				
	E-mail address: ((to be used for future annua	l report notificat	ion)	
For further information	concerning this matter, please of	eall:			` ()
Chad L. Gates		941 36 at ()	66-8010		٥,
Name	of Person	Area Code	Daytime Te	elephone Number	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		Certified (of Status &
Mailing Addre	ess:	Street A	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

PROSPERITY PROPERTY SOLUTIONS	•	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on April 30, 2024	and assigned
lorida document number L24000201853		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
MAINLINE PROPERTY SOLUTIONS, LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		···
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
numing dualess mail be a 1 ost of fice boxy		
		()
3. If amending the registered agent and/or register	ed office address on our records, enter the	name of the new regis
gent and/or the new registered office address here	;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
<u></u>			□Add
			Remove
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			🗆 Remove
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			Change

. If amending any other inform	nation, enter change(s) here: (A	ttach additional sheets, if necessary.)	
			
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		····	
Effective date, if other than th	e date of filing:	(optional)	
(If an effective date is listed, the date m	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after filing.) Pursuant to 605.0 tatutory filing requirements, this date will not be lister	0207 (3)(d as the
ne record specifies a delayed effection of is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated May 24	, 2024		
	Signature of a member or authorized r	representative of a member	
CHAD L. GATES			

Typed or printed name of signee