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(Req	uestor's Name)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor		
	PRETY SOLUTIONS LLC	
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	NANCY BARLOW	
		Name of Person
	H&A PROPERTY SOLU	TIONS LLC
		Firm/Company
	19447 SW 77TH LOOP	
		Address
	DUNNELLON, FL 34432	
		City/State and Zip Code
	nancybarlowaac@gmail.com	j- *1 ,
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please c	all:
NANCY BARLOW		281 799-3378 TO TO TO THE Area Code Daytime Telephone Number 75
Name o	f Person	Area Code Daytime Telephone Number 5
Enclosed is a check for the	ne following amount:	•
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632	27	The Centre of Tallahassee
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&A PROPRETY SOLUTIONS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records d Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Compar	ny were tiled on 05/02/2024	and assigned
Florida document number L24000205281		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
H&A PROPERTY SOLUTIONS LLC	_	
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable:		F \
Mailing address MAY BE A POST OFFICE BOX)		
		and areas
		\$3 4 m
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:		±1,500 · •
		TE 715
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
	Flo	orida
	Civ	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
			□Add
			□Remove
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