## L24000265192



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Property R	isk Solutions, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel L. Walters		
		Name of Person	<del></del>
	Property Risk Solutions, L	I.C	
		Firm/Company	
	6088 Masters Blvd		
	<del></del>	Address	<del> </del>
	Orlando, Fl. 32819		
		City/State and Zip Code	
	dwalters39@gmail.com		
		to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Daniel L Walters		321 284-5663	
Name o	f Person	at (at Code Daytim	te Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Property Risk Solutions, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	rds.)
he Articles of Organization for this Limited Liability Compa	any were filed on 6/4/2024	and assigned
Torida document number 1.24000265192		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited I	iability company here:	
he new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	)	
		202 Sei
nter new mailing address, if applicable:		SE 4
Mailing address MAY BE A POST OFFICE BOX)		
		35 ¥ ±
		Mr. A
. If amending the registered agent and/or registered office	ce address on our records, ente	er the name of the new registe
gent and/or the new registered office address here:		£ 6
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street addr	ess
	,, , i	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Colin Galloway	7313 Greenbriar Parkway, Orlando, FL 32819	□Add
			<b>Remove</b>
			[]Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			[]Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not m	neet the applica	able statutory i	or more than 90 da Tling requireme	_ (optional) ays after filing.) Pur nts, this date will	rsuant to 605.0207 not be listed as
record specifies a delayed effective d is filed.	date, but not	an effective ti	me, at 12:01 a.	m. on the earlie	er of: (b) The 90	th day after the
Dated September 18		2024	<u> </u>			
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	ignature of a n	nember or autho	prized representa	tive of a member		

Filing Fee: \$25.00