L24000435496

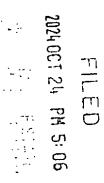
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
		J. HORNE 10V 1 5 2074
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Office Use Only



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10/24/24--01018--018 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	•	
·IID IPCT		ce Property Solutions LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Chip Whalen		
			Name of Person	
		Your Choice Property Sol	utions LLC	
			Firm/Company	
		4831 Pennecott Way		
			Address	
		Wesley Chapel FL 33544		
			City/State and Zip Code	·
		E-mail address: (to be used for future annual report no	tification)
For further in	iformation e	oncerning this matter, please c	all;	
Chip Whale	n		813 464-4704 at ()	
Name of Person		Area Code Daytii	me Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 I	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration S	ection
		orporations	Division of Co	
P.O. Box 6327		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Your Choice Property Solutions LLC

Operty Solutions LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on	10/10/2024	and assigned
Florida document number L24000435496			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," th	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter l	lorida street address	
		, Florid:	Zip Code
			Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for i	of my duties, and 1 in Chapter 605, F.S.	am familiar with and Or, if this document is

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
mbr	Nicole Whalen	4831 Pennecott Way	□Add
		Wesley Chapel FL 33544	
			Change
ınbr	Chip Whalen	4831 Pennecott Way	≘Add
		Wesley Chapel FL 33544	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			🗖 Add
			□Remove
			□Change

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Filing Fee: \$25.00