L25000028324

	_	
•	(Requestor's Name)	
	(Address)	· · · ·
	(Address)	
	(City/State/Zip/Phone #)	
	(- · · , · · · · · · · · · · · · · · · ·	
PICK-UF	P WAIT	MAIL
_		_
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of \$	Status
Special Instructions	to Filing Officer	_
opecial mandenons	s to r illing Officer.	
,		1.
13 1 5 × 5 1 15 1	1) 6	61
11	3,1	
	Office Use Only	



900445664139

02/28/25--01019--008 **25.00

2023 6.11 - 1 .1.

MAY 10 S. PRATHER



April 5, 2025

MYRTLE PROPERTY SERVICES LLC TASNIM I. KASIM 4610 S. WOODLYNNE AVE TAMPA, FL 33611

SUBJECT: MYRTLE PROPERTY SERVICES LLC

Ref. Number: L25000028324

We have received your document for MYRTLE PROPERTY SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received.

We are enclosing the proper form(s) with instructions for your convenience.

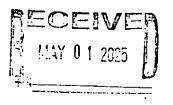
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 425A00007267



COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: MYRTLE PROPE	eriy Services LLC.
Nobel N	Name of Limited Liability Company
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	ASNIM 1. KASIM. Name of Person
	Name of Person
MYRTLE	PROPERTY SERVICES LLC.
	Firm/Company
46105	NOODLYNDE LUE. Address
TAN	174, FL, 33611 City/State and Zip Code
Myrice P E-ma	PROPERTYSERVICES@GMAIL-Com, ail address: (to be used for future annual report notification)
For further information concerning this matter	
TASNIM 1. KASIMI	at (832) 436 7541 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amoun	1.
· ·	
S30.00 Filing Fee S30.00 Filing Certificate of	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYRTLE YROP	ERTY SERVICES	Lhc,	1
(Name of the Limite	ed Liability Company as it now appea	rs on our records.)	
The Articles of Organization for this Limited Li	•	10 15 O	- 18
The Articles of Organization for this Limited Li	ability Company were filed on <u> </u>	JANUARY 15, 20	and assigned
Horida document number <u>レステロのの</u> ス	<u> 18324</u> .		·>
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE			
	**		
	-		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
			··
B. If amending the registered agent and/or r agent and/or the new registered office addres		records, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:	LIGIO S. DOOD Enter Fle TAMPA City	LYNNE AUE	<u> </u>
	TAMPA	, Florida	33611
	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
			□Remove
			Change
			□Add
		<u></u>	□Remove
			□ Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

				<u> </u>	<u> </u>					
_										
								··· <u>-</u>		
										_
										
							 .		-	
			_							
						<u> </u>	.			
									-	
_										
										_
ective	date, if other we date is listed,	than the d	ate of filing	cannot be pri	or to date of fili	ng or more the	(opti n 90 davs afte	i onal) r filing 1 Po	rsuant to	605.020
<u>te:</u> If t	he date inserte	d in this bloc	k does not m	eet the appl	icable statuto					
ument	's effective dat	e on the Dep	artment of St	tate's record	ls.					
cord sp s filed.	pecifies a delay	ed effective	date, but not	an effective	time, at 12:0	l a.m. on the	earlier of: ()	b) The 90)th day a	after the
									• .	1 2.7
. 1	APRIL	33 8V3								કૃંદેવા
ed	1714	44, 40	- 3 ,		 -					
		d	K Byn	m.						- · c !
			ignature of a n	_						

Typed or printed name of signee