M21 0000 141 20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

900402078229

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: [illegible]
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

[illegible]
Name of Person

[illegible]
Firm Company

[illegible]
Address

[illegible]
City State and Zip Code

[illegible]
(E-mail address to be used for future annual report notification)

For further information concerning this matter, please call:

[illegible] at [illegible] 224-1701
Name of Person Area Code & Daytime Telephone Number

Mailing 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

Enclosed is a check for the following amount:

[illegible] $30 Filing Fee & Certificate of Status | [illegible] $55 Filing Fee & Certified Copy | [illegible] $60 Filing Fee, Certificate of Status & Certified Copy

[illegible]

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (I-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: I&J PROPERTY ADVISORS, LLC

Enter the principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter the mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000014120

3. The date this limited liability company was authorized to transact business in Florida: 09/13/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: RESCO EQUITY SOLUTIONS, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

If the name is unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC."

6. If changing the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here.

Name of New Registered Agent:

New Florida Street Address:

(No P.O. Box)

_____, Florida _____

City *Zip Code*

7. Signature of Member or Authorized Representative (required 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 relating 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 application is being filed to change the registered office address or registered agent, I hereby confirm that the limited liability company has been authorized to execute this change.

_____

If changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title	Capacity	Name	Address	Type of Action
				☐Add
				☐Remove
				☐Add
				☐Remove
				☐Add
				☐Remove
				☐Add
				☐Remove
				☐Add
				☐Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

_____
Signature of the authorized representative

Janice R. Cox

_____
Typed or printed name of signee

Filing Fee: $25.00

SECRETARY OF STATE

CERTIFICATE OF NAME CHANGE

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 02/13/2023, an **Amendment to Articles of Organization** changing the name of RESOURCED REALTY SOLUTIONS, LLC was filed by J & J PROPERTY ADVISORS, LLC; that the said Entity was duly created in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now of title and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/10/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B20230510364284

You may verify this certificate online at: http://www.nvsos.gov