

M21 0000 141 20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

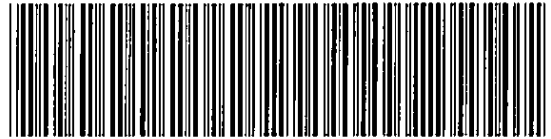
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 10 2009
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTPROPERTIES ADVISORS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fees are submitted for filing.

Please retain all correspondence concerning this matter to the following:

Mr. J. J. Jones
Name of Person

Notary Public Agent
Firm Company

4505 S.W. Avenue Rd Ste 300
Address

Tallahassee, FL 32303
City State and Zip Code

Artproproperties.com
E-mail Address (to be used for future annual report notification)

For further information concerning this or the above, call:

John A. Jones (47) (324) 1701
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 67227
Tallahassee, FL 32311

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:

\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
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CCF088-0880

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

SECTION I (1-4 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of

State IQ&J PROPERTY ADVISORS, LLC

Enter new principal office address, if applicable _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new 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 of the last renewal of the company's authorization is: 09/15/2021

4. Enter the reason why to do business in Florida: Good Cause

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

5. New name of the limited liability company: RESUR RECYCLITY SOLUTIONS, LLC

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

If name 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," "LLC," or "LLC."

6. If amending 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 Registered Office Address _____

Enter Florida Street Address

Florida

City

Zip Code

7. Signature of Agent's Signature (if change) Registered Agent

I, RESUR RECYCLITY SOLUTIONS, LLC, hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am familiar with the contents of the documents and statements submitted in support of this application. I am in Chapter 605, F.S. Or, if this information is being filed to amend the company's registered office address, I hereby confirm that the limited liability company has been advised in writing of the change.

New 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:

<u>Title</u>	<u>Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	_____	☐ Add
_____	_____	_____	_____	☐ Remove
_____	_____	_____	_____	☐ Add
_____	_____	_____	_____	☐ Remove
_____	_____	_____	_____	☐ Add
_____	_____	_____	_____	☐ Remove
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_____	_____	_____	_____	☐ 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 entry is organized.

Signature of the authorized representative

Name R. L. 100

Typed or printed name of signer

Filing Fee: \$25.00

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, FRANCISCO V. AGUIRRE, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 02/15/2023, an Amendment to Articles of Organization changing the name of RESOURCED REALTY SOLUTIONS, LLC was filed by J & J PROPERTY ADVISORS, LLC. Said change of name was made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now 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. Aguirre

FRANCISCO V. AGUIRRE
Secretary of State

Certificate Number: B702205103642849

You may verify this certificate

online at <http://www.nvsos.gov>

6/1/2023 10:10:00 AM