## L2500009112

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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | |20210000160: \$25.00 Authorization Signature Sinch AJ PROP SOLUTIONS LLC L25000009172 #Document Business Walk in Will wait Certified Copies of the attached articles of Organization. Certificate of Status **AMENDMENTS NEW FILINGS** \_X\_ Amendment Profit \_\_\_\_Resignation of R.A. Not for Profit \_\_\_\_Change of Registered Agent \_ \_LLC Dissolution/Withdrawal \_\_\_\_ Domestication \_\_\_\_ Conversion INC \_\_\_Statement of Authority CORP OTHER Merger . Amended and Restated Articles REGISTRATION/QUALIFICATIONS OTHER FILINGS \_\_\_\_ Foreign Filing \_\_\_Annual Report \_\_\_\_ Partnership Fictitious Name Reinstatement Statement of CORRECTION \_\_\_ Statement of Authority Domestication of a Foreign Corp. \_\_\_ APOSTIL \_\_\_\_COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account Authorization Signature	
AJ PROP SOLUTIONS LLC	L25000009172
Business	#Document
Walk in	Will wait
Certified Copies of the attacl Certificate of Status	ned articles of Organization.
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication INC CORP OTHER	X AmendmentResignation of R.A Change of Registered Agent Dissolution/Withdrawal Conversion Statement of Authority Merger Amended and Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Partnership Reinstatement
Statement of Authority	Statement of CORRECTION
<del></del>	Domestication of a Foreign Corp.
APOSTILCOUNTRY	Other
EXAMINER'S INITIALS:	

## **COVER LETTER**

	SOLUTIONS LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
Division of Corporations  SUBJECT:  AJ PROP SOLUTIONS LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    JEREMY SUAREZ			
Please return all corresp	ondence concerning this matter	to the following:	
	JEREMY SUAREZ		
		Name of Person	
	AJ PROP SOLUTIONS L	LC	
		Firm/Company	
	831 S 26 AVE		
		submitted for filing.  Inter to the following:  Name of Person  STATE  Name of Person  STATE  STATE  Name of Person  STATE  Pirm/Company  Address  3020  City/State and Zip Code  GMAIL.COM  SS: (to be used for future annual report notification)  se call:  954  Area Code  Daytime Telephone Number  STATE Address:  Certified Copy (additional copy is enclosed)  Street Address:  Registration Section Division of Corporations The Centre of Tallahassee	
	HOLLY WOOD, FL 3302	0	
		City/State and Zip Code	<del> </del>
			<del></del>
For further information			)
	one many presses		
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Name (	or Person	Area Code Daytime Telep	none Numner
Enclosed is a check for t	he following amount:		
\$\frac{\text{\$\sigma}}{2}\$. \$25,00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status &
<u>Mailing Addre</u> Registration	Section	Registration Section	
Division of C P.O. Box 633			
Tallahassee.		2415 N. Monroe Stre	

Tallahassee, FL 32303

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

T	O				
ARTICLES OF ORGANIZATION					
	)F	2020 1/2 20			
		JAN O			
AJ PROP SOLUTIONS LLC		2025 JAN -8 AM 10. 54			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our	records.			
(A Fortua Elimeet	manny company	$\mathcal{H}(G)$			
The Articles of Organization for this Limited Liability Company	were filed on 1/6/2025	and assigned			
Florida document number 1.25000009172					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	oility company here:				
The first the fi	·				
The new name must be distinguishable and contain the words "Limited Liab	ility Company " the decionation	on "LLC" or the abbreviation "LLC"			
The new mane must be distinguishable and comain the words. Diffied that	mry Company, the designation	in the distribution that.			
Enter new principal offices address, if applicable:		<u></u>			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
maining dances MAT BE AT OST OTTICE DOA					
B. 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:	audress on our records,	enter the name of the new registered			
Name of New Registered Agent:					
Name of New Negatified Agent.					
New Registered Office Address:					
	Enter Florida stree	t adaress			
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JEREMY SUAREZ	831 S 26 AVE HOLLYWOOD FL 33020	□Add
		<u>.                                    </u>	≣Remove
			□Change
MGR	JASMIN SUAREZ	831 S 26 AVE HOLLYWOOD FL 33020	<b>=</b> Add
			□Remove
		<del></del>	☐Change
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flective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 dots: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filled.  Signature of a number of administrative of member		<u> </u>			_			. <del>-</del>		
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