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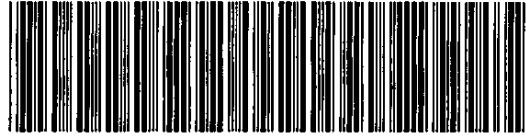
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Probate Property 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:

Robert J. Polege

(Name of Person)

Probate Property Solutions, LLC

(Firm/Company)

403 W. Dr. Martin Luther King Jr. Blvd

(Address)

Tampa, Florida 33603

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Daniel Nelson

(Name of Person)

at (813) 281-2753

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Probate Property Solutions, LLC

(Present Name)
(A Florida Limited Liability Company)

FILED
06 AUG - 9 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

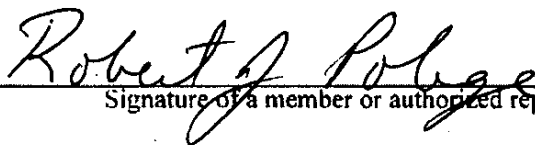
FIRST: The Articles of Organization were filed on May 31, 2006 and as amended document number L0600021832.

SECOND: This amendment is submitted to amend the following:

Article V, Section V to add as Manager, Daniel Nelson, 5114 W. Longfellow Ave., Tampa, FL 33629

Having been named Manager and to accept service of process for the above
stated limited liability company at the place designated in this amendment, I
hereby accept the appointment as Manager 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 a Manager.

Dated August 1, 2006



Signature of a member or authorized representative of a member

Robert J. Polege

Typed or printed name of signee