

01/01/2002 02:09

08 P. 01/004

**LOB 000083373**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000040420 3)))



H140000404203ABCP

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE  
Account Number : I200000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

14 FEB 19 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**RECEIVED**

14 FEB 19 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REAL PROPERTY TAX SAVINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch FEB 20 2019

01/01/2032 02:08  
Feb. 14. 2014 2:25PM

#7006 P. 002/004,  
No. 3912 P. 4

H14000040420  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**REAL PROPERTY TAX SAVINGS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/2/2008 and assigned  
Florida document number L08000083373

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Bay Point Realty, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices 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)

FILED  
FEB 19 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

Name of New Registered Agent:

Lorenzo Perez, Jr.

New Registered Office Address:

3850 Bird Road, Suite 403

*Enter Florida street address*

Coral Gables

Florida 33146

*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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H14000040420

Feb. 14. 2014 2:25PM

No. 3912 P. 5

H 14000043420

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

☐ Add

 Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ Remove☐ Add☐ Remove☐ Add☐ Remove

 Add

☐ Remove

Page 2 of 3

H 14000040420

01/01/2032 02:10  
Feb. 14. 2014 2:25PM

#7006 P.004/004  
No. 3912 P. 6

H14000040420

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 14 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Managing Member

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

**FILED**  
14 FEB 19 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000040420