## L99000005469

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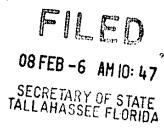
## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 1031 Tax Free Strategies, LLC	,			
(Name of Limited Liability Company)				
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence concerning this matter	to the following:			
David A. Owens				
<del> </del>	(Name of Person)			
1031 Tax Strategies, LLC				
	(Firm/Company)			
12853 Banyan Creek Drive				
	(Address)			
Fort Myers, FL 3390	8			
	(City/State and Zip Code)			
For further information concerning this matter, please c	all:	•		
David A. Owens	at ( 239 ) 333-1031 ext :	203		
(Name of Person)	(Area Code & Daytime Te	elephone 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	STREET/COURIER Registration Section	ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1021 Toy I	Free Strategies, LL	C
(Name of the Limited Liability	Company as it now app imited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on S	September 1, 1999 and assigned
Florida document number <u>L9900005469</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company l	<u>iere</u> :
1031 Tax Strategies, LLC		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Con	npany," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office addr		n our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
·	Florido	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered	! Agent:	
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performan ent as provided for in	ce of my duties, and I am familiar with and Chapter 608, F.S. Or, if this document is
	(If Changing Registered	Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
	-		Add Remove
	-		Add Remove
			Add Remove
<del></del>			Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if nee	cessary.)
. <del></del>			08 FEB -6 AM IO: 47 SECRETARY OF STATE TALL AHASSEE FLORID
Dated Janu	uary 31		47 ATE
	_	e of a member or authorized representative of a member	
	David A. Owens	Typed or printed name of ciance	

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Filing Fee: \$25.00