

L07000054635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

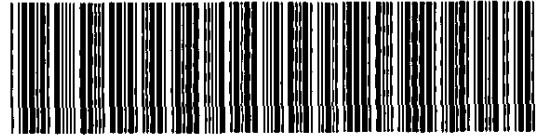
(Business Entity Name)

(Document Number)

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10 AUG 27 AM 9:01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 AUG 27 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 27 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tenant Advisory Services, llc
Name of Limited Liability Company

FILED
10 AUG 27 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

W. DAVID Hulsey / Alison Wagnon
Name of Person
Tenant Advisory Services, llc
Firm/Company
825 Thomasville Rd, Ste 7
Address
Tallahassee, FL 32303
City/State and Zip Code
aliwagnon@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison D. Wagnon at (850) 766-2270
Name of Person 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

FILED
10 AUG 27 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tenant Advisory Services, 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 ~~6/29/2007~~ and assigned Florida document number L0700054635 5/23/2007

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

825 Thomasville Rd, Ste 7
Tallahassee, FL 32303

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

New Registered Office Address:

825 Thomasville Rd, Ste 7
Enter Florida street address
Tallahassee, Florida 32303
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 608, 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

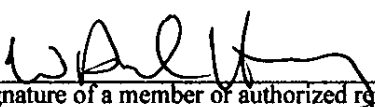
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Alison D. WAGNON	P.O. BOX 12324 Tallahassee, FL 32317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 25, 2010.


 Signature of a member or authorized representative of a member

W. DAVID HULSEY
 Typed or printed name of signee

10 AUG 27 AM 9:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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