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(Requestor's Name) (Requestor's Name) (Address) (Address)	SAI
PICK-UP WAIT MAIL (Business Entity Name)	02/04/0801038017 **25
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Special Instructions to Filing Officer:	G. MCLEOD FEB 0 5 2008
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**25.00

FILED SECRETARY OF STATE DIVISION OF CORPORATION

08 FEB -4 PM 4: 05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REINVEST REPRESENTA	ATIONS, LLC	
(<u>Name of the Limite</u> (d Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 0	5/23/2007 and assigned
Florida document number <u>L07000054792</u>	<u> </u>	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and end w L.L.C."	ith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
3. If amending the registered agent and registered agent and/or the new registered of	or registered office address on office address here:	our records, enter the name of the new
Name of New Registered Agent:	ALLTAX	
New Registered Office Address:	7317 SEQUOIA DR	
	(Enter Florida street address)	
	TAMPA	, Florida 33637
	(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 **Type of Action** <u>Title</u> <u>Name</u> **Address** ☐ Add Remove Add 🗌 Remove Add Remove Add Remove \Box Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PRINCIPAL ADDRESS: 8004 N. ARMENIA AV. SUITE C TAMPA FL. 33604 MAILING ADDRESS: 8004 N. ARMENIA AV. SUITE C TAMPA, FL 33604 Dated 61-31, 2009. Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00