L07000083605

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, i
A. LUNT
FEB 2 3 2010
EXAMINER

Office Use Only



800169039758

02/22/10--01013--018 **25.00

SECRE JARY OF STATE TALLAHASSEE. FLORIDA

IOFEB 22 PM 1: 31

FILED

COVER LETTER

то:	Registration S Division of Co			
SUBJE	CT:			
The enc	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	r to the following:	
				
		201 TAL		
		2010 FEB SECRETA SALLAHAS		
		B 22 TARY ASSE		
For furt	her information o	concerning this matter, please	to be used for future annual report notification)	FILED FEB 22 PH 1: 34 RETARY OF STATE AHASSEE, FLORIDA
	Br	enda Roland	at (239) 410-4511	4
	Name o	of Person	Area Code & Daytime Telephone No	umber
Enclose	d is a check for t	the following amount:		
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regist Divisi P.O. B	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No Hassle Property Tax Appeals, 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 Lia Florida document number L070000836		were filed on Aug	ust 15, 2007	and assign	ned			
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of	the limited liab	ility company here:						
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company," t		AN H	previation			
Enter new principal offices address, if applica	16520 S. Tamiam	i Trail #112	B 22					
(Principal office address MUST BE A STREET	ADDRESS)	Fort Myers, FL 33	908	PM I: 34 Y O STATE				
Enter new mailing address, if applicable:	16520 S. Tamiami Trail #112							
(Mailing address MAY BE A POST OFFICE B	Fort Myers, FL 33908							
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:	Brenda Rol	e: and amiami Trail #112	ecords, enter the ecords enter the ecord		the new			
		City	, Fioriua	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** <u>Name</u> **Address** Type of Action **MGRM** Sharon Brockman 16520 S. Tamiami Trail #112 □ Add Fort Myers, FL 33908 ✓ Remove Brenda Roland MGRM 16520 S. Tamiami Trail #112 ✓ Add Fort Myers, FL 33908 Remove MGR Sharon Brockman 16520 S. Tamiami Trail #112 | Add Fort Myers, FL 33908 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Brenda Roland 75% Shareholder Sharon Brockman 25% Shareholder January 26 2010 Dated Signature of a member or authorized representative of a member Sharon Brockman

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee