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Special Instructions to F	Filing Officer:	

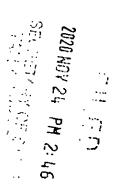
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COVER LETTER

TO:	Registration Sec Division of Corp		. .	. ,
~ T.#	PROPERTY	TRUST SERVICES, LLC.		
SUŖŢŖ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		JENNIFER HOLTZ		
			Name of Person	
St 841	ECT: PROPERTY	PROPERTY TRUST SER	VICES, LLC	
	CARER TO		Firm/Company	
		7842 LAND O' LAKES B	LVD., #206	
			Address	
		LAND O' LAKES, FL 34	639	
		-	City/State and Zip Code	
		savvytive@yahoo.com		
			to be used for future annual report notifi	cation)
For fur ازن	ther information of	oncerning this matter, please ca	all:	
JENNI	IFER HOLTZ		813 469-9010 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERTY TRUST SERVICES, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records Liability Company)	··)
The Articles of Organization for this Limited Liability Compan	y were filed on 01/09/2008	and assigned
Florida document number 108000003153		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC"	or the apprev Hon "L.L.C."
Enter new principal offices address, if applicable:		20 NOV
(Principal office address MUST BE A STREET ADDRESS)	·-	N ==
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
New Neglacied Office Addicas.	Enter Florida street address	
	. Flo	orida
	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

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

. The second

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JENNIFER HOLTZ	7842 LAND O LAKES BLVD. #206 LUTZ. FL 33	
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	ENNIFER HO	N T7							