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11 SEP 20 AM ID: 52 SECRETARY OF STATE ALLAHASSEE, FLORID

D. BRUCE

SEP 21 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRADEMARK PROPERTY MANAGEMENT SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

		BRIDGETTE CRUZ			
		Name of Person		Alar _	
		TRADEMARK		LLA ECA	(==+;
		Firm/Company		SEP 20 CRETARY AHASSI	
•		P.O. BOX 172837			F
		Address		AH D: 53 OF STATE E. FLORIDA	<u></u>
		TAMPA, FL 33672	;	ATE RIDA	
		City/State and Zip Code.			
		TRADEMARKLEASE to be used for future annual report no			
or further information con-	cerning this matter, please of	·	omion,		
BRIDG	ETTE CRUZ	at (863)	255-4457		
Name of Person			time Telephone Number	· · · · · · · · · · · · · · · · · · ·	
				•	
nclosed 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)	sed) Certified	e of Status &	sed)

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

TRADEMARK PROPERTY MANAGEMENT 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 MARCH 12, 2008 and assigned L08000026072 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	STEVEN WELLS OTTO	2330 N HIGHLAND AVE TAMPA, FL 33602	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
	· 		Add Remove			
D. If amend —— ——	ing any other information, enter chang		11 SEP 20 M D: 58			
 Dated	SEPTEMBER 19 , 20	011				
	Signature of a member or authorized representative of a member					
		RIDGETTE CRUZ				
	Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00