## L08000048910

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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

FEB 2 0 2009

**EXAMINER** 

## **COVER LETTER**

subject: Treasure			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	John V. Fourmy, Jr.	(Name of Person)	
	Treasure Coast Property		
	<del></del>		
		(Address)	
	Jensen Beach, FL 34957		
		(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information cor	ncerning this matter, please ca	all:	
John V, Fourmy		at ( 772 ) 229-7973	
(Name of	Person)	(Area Code & Daytime T	elephone 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

Registration Section V Division of Corporations

TO:

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

Treasure Coast Property Solutions LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 05/15/2008	and assigned
Florida document number L08000048910		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<b>Q</b> 0.
(Principal office address MUST BE A STREET ADDRESS)		SECP VISIO
		B × E
		9
Enter new mailing address, if applicable:		RP O
(Mailing address MAY BE A POST OFFICE BOX)		- 25 - 25
		8 % 5 %
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	/F . 171 • f	4 - J J \
	(Enter Florida stree	( aaaress)
	, Florida	
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Тур	e of	Action
MGRM	Harriet Ostertag	9433 S. Ocean Drive #7D Jensen Beach, FL 34957		Add Remov	⁄e
-	<del></del>			Add Remov	⁄e
				Add Remov	ve .
				Add Remov	ve
			A R	Add Remov	e
				Add Remov	e
D. If amending	g any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	5	2 :	oivisi SE(
			_ 5	ביים אינויים א היים אינויים א	FILED ECRETARY OF CORE
			_		) STATE (PORATIONS
Dated February	17 2009	·			
	John V. Fourmy, Jr.	or authorized representative of a member	·	<u>-</u>	
	Typed o	r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00