

L08000076/42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

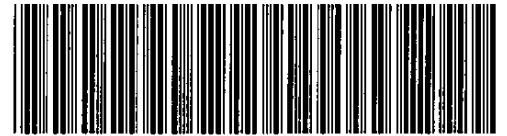
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09 JUL - 1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYA

JUL - 2 2009

EXAMINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Real Estate Property Tax Fighters 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:

Jacob Sharff

Name of Person

Real Estate Property Tax Fighters LLC

Firm/Company

214 Lakeland Dr.

Address

West Palm Beach, FL 33405

City/State and Zip Code

service@reptf.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jacob Sharff

Name of Person

at (561)

337-0356

Area Code & Daytime Telephone 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
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**

Real Estate Property Tax Fighters 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 08/07/2008 and assigned
Florida document number L08000076142.

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)

PO Box 6067

West Palm Beach, FL 33405

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jacob Ian Sharff

New Registered Office Address:

214 Lakeland Dr.

Enter Florida street address

West Palm Beach

, Florida

33405

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MEDALIAN, BOBBY J JACOB	422 S. ANCHORAGE DR N. PALM BEACH FL 33408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jacob Ian Sharff	214 Lakeland Dr. West Palm Beach, FL 33405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SHARFF, JACOB J JACOB	1384 LAKE BREEZE DR. WELLINGTON FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael Narula	3282 Matilda St. Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I, Jacob Ian Sharff, accept the position of Registered Agent, and am familiar with
and accept the obligations of the position.

Dated 6/29/09



Signature of a member or authorized representative of a member

Jacob Sharff

Typed or printed name of signee

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TALLAHASSEE, FLORIDA