

L0800000 76142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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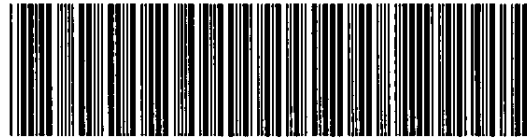
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. BRYAN

SEP 20 2012

EXAMINER

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:

LISA CASTRO

Name of Person

ONE STOP LEGAL SERVICES, INC

Firm/Company

2101 VISTA PARKWAY, SUITE 234

Address

WEST PALM BEACH, FL 33414

City/State and Zip Code

LISA@1STOPLEGALSERVICES.COM

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

For further information concerning this matter, please call:

LISA CASTRO

Name of Person

at (561)

478-7441

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

FILED
2012 SEP 19 PM 1:24
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REALSTATE PROPERTY TAX FIGHTERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2008 SEP 19 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

12138 ALTERNATIVE AIA, SUITE 13

PALM BEACH GARDENS, FL 33410

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:

ONE STOP LEGAL SERVICES

New Registered Office Address:

2101 VISTA PARKWAY, SUITE 234

Enter Florida street address

WEST PALM BEACH

Florida

33411

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

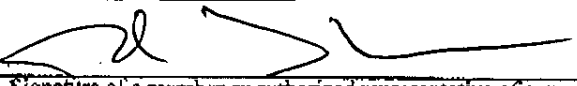
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sharff, Jacob Ian	214 Lakeland Drive WPB, FL 33405	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Narula, Michael	3282 Matilda Street Miami, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Berg, Tyler T.	12138 Alternative AIA, Suite 13 Palm Beach Gardens, FL 33410	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 10, 2012


Signature of a member or authorized representative of a member

Jacob Sharff
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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SEP 19 2012
FALLAHA, FL 33405

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