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FLORIDA

M. THOMAS

MAR 18 2009

EXAMINER

COVER LETTER

Division of Cor	porations				
SURJECT: DESIG	NERS MANAGEME	NT, LLC	0		
Sebster.	(Name of Limi	ted Liability Company)	_		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Joshua W. Schrager				
		(Name of Person)			
	c/o Whalen Realty Capital				
		(Firm/Company)			
	200 S. Park Road - Suite	320			
		(Address)			
O	Hollywood, FL 33021		09 MAR 18 AM 13: 06 SECRETARY OF STATE TALLAHASSEE FLORID		
41,000	1.				
			HO E		
For further information c	oncerning this matter, please ca	all:			
Joshua W. Schrager		at (954) 963-7120 / Ext. 2	2 5		
(Name	of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for the	he 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)		

Registration Section

TO:

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

DESIGNERS MANAGEMENT, LLC		IV as it now annears on our record	(s.)			
(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 Liab Florida document number <u>L09000004530</u>	oility Company	were filed on January 14, 2009	and assigned			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he <u>limited liabi</u>	lity company here:				
REAL ESTATE TAX LIEN TRUST I, LLC						
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the designa				
Enter new principal offices address, if applicable:		200 S. Park Road - Suite 320	09 MAR 18			
(Principal office address MUST BE A STREET ADDRESS)		Hollywood, FL 33021	EG S			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		200 S. Park Road - Suite 320 Hollywood, FL 33021	A 18 AM III: 06			
B. If amending the registered agent and/or registered agent and/or the new registered officered of the new registered of the new rea			nter the name of the new			
Name of New Registered Agent:	REAL ESTATE LIEN TRUST, LLC					
New Registered Office Address:	200 S. Park Road - Suite 320					
(Enter Florida street address)						
	Hollywood		da 33021			
		(City)	(Zip Code)			
New Degistered Agent's Signature if changing Re	aistered 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)

Page 1 df

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

Type of Action Address Title <u>Name</u> MGR Lynne Herman 1925 Tigertail Boulevard ■ Add Hollywood, FL 33004 Remove MGR Loretta Wise 1925 Tigertail Boulevard ■ Add Hollywood, FL 33004 Remove MGR Joshua W. Schrager **□** Add 1925 Tigertail Boulevard Hollywood, FL 33004 Remove ☐ Add Remove 🗂 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 200 March 13 Dated_ member of authorized representative of a member Joshua W. Schrager Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00