

L 09 0000004530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

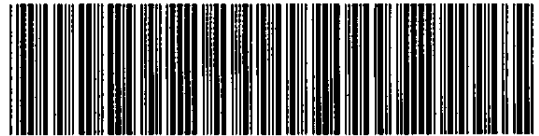
(Business Entity Name)

(Document Number)

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**T. CLINE**

APR 13 2010

**EXAMINER**

2010 APR 12 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2010

JOSHUA SCHRAGER  
200 S. PARK ROAD, SUITE 320  
HOLLYWOOD, FL 33021

SUBJECT: REAL ESTATE TAX LIEN TRUST I, LLC  
Ref. Number: L09000004530

We have received your document for REAL ESTATE TAX LIEN TRUST I, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 110A00008386

2010 APR 12 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REAL ESTATE TAX LIEN TRUST I, 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:

Joshua W. Schrager

Name of Person

c/o Whalen Realty Capital, LLC

Firm/Company

200 S. Park Road, Suite 320

Address

Hollywood, FL 33021

City/State and Zip Code

jschrager@whalencapital.com

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

For further information concerning this matter, please call:

Joshua W. Schrager

Name of Person

at ( 954 ) 963-7120

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  
2010 APR 22 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**REAL ESTATE TAX LILEN TRUST I, 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 January 14, 2009 and assigned  
Florida document number L09000004530.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**TAX CERTIFICATES XYZ, LLC**

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)**

200 S. Park Road

Suite 320

Hollywood, FL 33021

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

200 S. Park Road

Suite 320

Hollywood, FL 33021

**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:**

SB Municipal, LLC

**New Registered Office Address:**

200 S. Park Road, Suite 320

*Enter Florida street address*

Hollywood

*City*

Florida

33021

*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

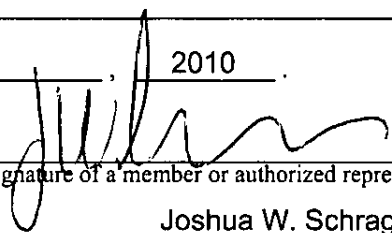
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lynne Herman	1925 Tigertail Boulevard Hollywood, FL 33004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Loretta Wise	1925 Tigertail Boulevard Hollywood, FL 33004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Joshua W. Schrager	1925 Tigertail Boulevard Hollywood, FL 33004	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SB Municipal, LLC	200 S. Park Road Suite 320 Hollywood, FL 33021	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 2, 2010

  
Signature of a member or authorized representative of a member

Joshua W. Schrager  
Typed or printed name of signee

2010 APR 12 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED