

LOG000049582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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09 JUL 30 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Orlan

JUL 31 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Property Tax Appeals, 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:

Lyle Sackie

Name of Person

Florida Property Tax Appeals, LLC

Firm/Company

575 Lakeview Dr

Address

Miami Beach, FL 33140

City/State and Zip Code

rickkendle@me.com

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

For further information concerning this matter, please call:

Lyle Sackie

Name of Person

at (305)

772-6688

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

FILED

09 JUL 30 PM 12:03

Florida Property Tax Appeals, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 5/20/2009 and assigned
Florida document number L09000049582.

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:

575 Lakeview Dr

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach, FL 33140

Enter new mailing address, if applicable:

575 Lakeview Dr

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach, FL 33140

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:

Lyle Sackie

New Registered Office Address:

575 Lakeview Dr

Enter Florida street address

Miami Beach

, Florida

33140

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>
MGR	Carolyn S Kendle	8201 Byron Ave, #401 Miami Beach, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pamela O'Connor	8201 Byron Ave, #401 Miami Beach, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Richard E. Pleban 0956720 Broker	575 Lakeview Dr Miami Beach, FL 33140	<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.)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUL 30 PM 12:03

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Dated July 20, 2009.

Signature of a member or authorized representative of a member
Richard E. Pleban

Typed or printed name of signee