

		•
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EXAMINES



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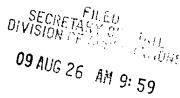
	Registration Section Division of Corpor		•	*	
SUBJEC	T :	Florida Proper	ty Tax Services LLC		
502020	,		ed Liability Company		
The encl	osed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please re	turn all corresponde	ence concerning this matter	to the following:		
		N	icholas A McCarville		
			Name of Person		
		Florida F	Property Tax Services LL0		
			Firm/Company		
	3512 Ponce de Leon Blvd				
			Address		
		Co	ral Gables, FL 33134		
	City/State and Zip Code				
	-	f	d44@hotmail.com be used for future annual report notif		
				ication)	
For furth	er information cond	erning this matter, please ca	sl1:		
	 	McCarville	at (_515)	570-8691	
	Name of Pe	erson	Area Code & Daytin	e Telephone Number	
Enclosed	is a check for the f	following amount:			
\$25.0	O 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



Florida Property Table (Name of the Limited Liability Compa) (A Florida Limited Liability Compa)	ax Services, LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL0900074123	were filed onJuly 31, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Property Tax Man	nagement, LLC
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2550 North Federal Highway
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33305
Enter new mailing address, if applicable:	2550 North Federal Highway
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33305
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street address
·	, Florida, Zin Code
	CHV ZID COGE

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

	<u>Name</u>	Address	Type of Actio
			Add Remove
**************************************			AddRemove
If amen	ding any other information, enter ch	ange(s) here: (Attach additional shee	ets, if necessary.)
<u>-</u>	125/05		

Page 2 of 2

Filing Fee: \$25.00