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SECRETARY OF STATE

COVER LETTER

Division of Co			er e							
SUBJECT:	Tax De	eds R Us, LLC								
		ited Liability Company								
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.								
Please return all corresp	ondence concerning this matter	to the following:								
		Maria Johnson								
Name of Person										
Tax Deeds R Us, LLC										
Firm/Company										
11111-70 San Jose Boulevard, BOX # 189										
Jacksonville, Florida 32223 City/State and Zip Code										
						taxdeedsrus@yahoo.com E-mail address: (to be used for future annual report notification)				
					For further information	concerning this matter, please c		,		
	aria Johnson	u(\	62-5080							
Name o	of Person	Area Code & Daytime	Celephone Number							
Enclosed is a check for t	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)							

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

(Name of the Limited Lie	ax Deeds R Us, LLC
(A Fle	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabs Florida document number	ility Company were filed on <u>September 14, 2009</u> and assigned 33
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 23
New Registered Agent's Signature, if changing Regi	City Florida The Figure 1 State of the Figure 2 State of the Figur

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 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>	Address	Type of Action
MGR	Maria Johnson	11111-70 San Jose Boulevar BOX # 189 Jacksonville, Florida 32223	Add Add Remove
			Add Remove
			Add Remove
	-		Add Remove
			AddRemove
D. If an	nending any other information, end see attached additional shee	ter change(s) here: (Attach additional sheets, if n	necessary.)
			SECRE TALLAN
Dated	OCTOBER 12,	, 2009	23 M 8: 50 WARY OF STATE ASSEE FLURID
	Signature of	a member or authorized representative of a member	CRIDA
		Maria Johnson Typed or printed name of signee	

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Filing Fee: \$25.00