L09000116368

(R	equestor's Name)	
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γ.	uu.050,	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name))
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(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

Division of Cor	porations		
SUBJECT: 441 REAL	TY LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	T R LAXMAN		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	T R THE TAXMAN INC		
		Firm/Company	
	9858 Clint Moore Rd., Suit	tr C111-131	
		Address	
	Boca Raton, FL 33496		
		City/State and Zip Code	
	tr@trthetaxman.net		
	E-mail address: (1	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	ail:	
T R Laxman		561 404 3057	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

441 REALTY LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 12-08-2009	and assigned
Florida document number <u>L09000116368</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		SSE SE
		773
B. If amending the registered agent and/or register- registered agent and/or the new registered office address	ed office address on our records, ; s here:	enter the name of the ne
TO THE PROPERTY OF THE PROPERT	······································	14:5 Ali
Name of New Registered Agent:	W-8:	<u> </u>
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flori	
	City	Zin 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	444 MANAGEMENT LLC	C/O T R The Taxman Inc	
		9858 Clint Moore Rd, Suite C111-1	_■ Remove
		Boca Raton, FL 33496	☐ Change
MGRM	441 MANAGEMENT LLC	C/O T R The Taxman Inc	■ Add
		9858 Clint Moore Rd., Suite C111-	☐ Remove
		Boca Raton, FL 33496	Change
			Add
			□ Remove
			Change
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(optional)	ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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Filing Fee: \$25.00