

L10000053868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

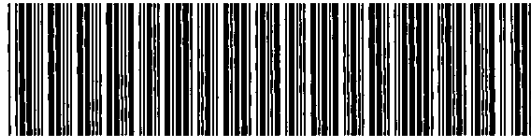
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

N/A

Office Use Only

B. KOHR
NOV 16 2012
EXAMINER



000241489420

11/15/12--01006--005 **25.00

FILED
12 NOV 15 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEOPLE REALTY 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:

PIERRE AMILCAR

Name of Person

COMPAS REALTY LLC

Firm/Company

17951 NW 91 COURT

Address

MIAMI LAKES, FL 33018

City/State and Zip Code

PIERRE.AMILCAR61@GMAIL.COM

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

FILED
12 NOV 15 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PIERRE AMILCAR

Name of Person

786 541-6930

at ()

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**

PEOPLE REALTY 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 05/19/2010 and assigned
Florida document number L10000053868

This amendment is submitted to amend the following:

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

509-TAX PROS 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)

5961 NE 2 AVE

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17951 NW 91 COURT

MIAMI LAKES, FL 33018

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:

PIERRE AMILCAR

New Registered Office Address:

17951 NW 91 COURT

Enter Florida street address

MIAMI LAKES

City

, Florida 33018

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

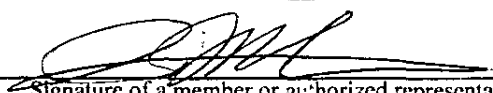
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DERIUS, SILLIEN A.	5961 NE 2 AVE, MIAMI FL 33137	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	CORACELIN, WILLIAMS	5961 NE 2 AVE, MIAMI FL 33137	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	JEAN, STENLEY	5961 NE 2 AVE, MIAMI FL 33137	<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.)*

Dated _____



Signature of a member or authorized representative of a member

PIERRE AMILCAR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00