

# L11000000464

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13 APPROVAL UNIT  
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2013 MAY -6 PM 4:19

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13 MAY -6 AM 3:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

K. SALY  
EXAMINER  
MAY -6 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABAT PROPERTY MANAGEMENT, 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:

CHARLES L. PERKINS, JR  
Name of Person

CABAT PROPERTY MANAGEMENT  
Firm/Company

2350 Wanda Way  
Address

Tallahassee FL 32303  
City/State and Zip Code

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

For further information concerning this matter, please call:

Charles L. Perkins at 850.545-0048  
Name of Person 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  
13 MAY -6 AM 3:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CABAT PROPERTY MANAGEMENT, 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 JAN 3, 2011 and assigned Florida document number L11000000464.

This amendment is submitted to amend the following:

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

TALLY PROPERTY MANAGEMENT, 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)

2104 DELTA WAY  
SUITE 4  
TALLAHASSEE, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2104 DELTA WAY  
SUITE 4  
TALLAHASSEE, FL 32303

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:

New Registered Office Address:

2104 DELTA WAY - SUITE 4  
Enter Florida street address  
TALLAHASSEE Florida FL 32303  
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>
_____	_____	_____	Add
		_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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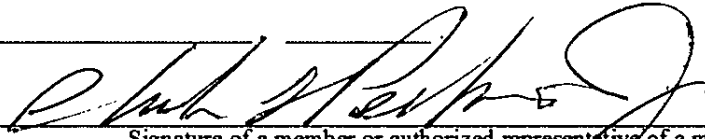
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

CHARLES L. PERKINS, JR.

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**