

L17000072046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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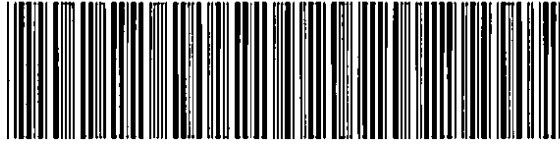
(Business Entity Name)

(Document Number)

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D SCOTT
AUG 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TALLAHASSEE REAL ESTATE SOLUTIONS, 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:

DIANE L. WARWICK
Name of Person

TALLAHASSEE REAL ESTATE SOLUTIONS, LLC
Firm/Company

1110 ALACHUA AVE
Address

TALLAHASSEE, FL 32308
City/State and Zip Code

dianetresolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE L. WARWICK at (850) 661-6652
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

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TALLAHASSEE PLM ESTATE SOLUTIONS, 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 4/06/17 and assigned Florida document number L17000078046.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

PEGGY S. DYE

New Registered Office Address:

1110 ALACHUA AVE

Enter Florida street address

TALLAHASSEE

City

Florida

32308

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 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.

Peggy S. Dye
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>	<u>Type of Action</u>
AMBR	DIANE L. WARWICK	1110 ALACHUA AVE	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEGGY S. TOYE	1110 ALACHUA AVE	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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