117000123802

(Re	questor's Name)	
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DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2017 JUL 13 PM 12: 47
SECRETARY OF STATE

J. HARRIS

COVER LETTER

Division of Corporations	
SUBJECT: Tax 411 Thestment Funcl 1/41	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Auron Rokosz	
Firm/Company	
2500 Parkuran Dr. Agt 173	L /
Hallandele Fl 33009	
Hallwilde Fl 33009 City State and Zip Code City State and Zip Code E-mail address: (to be used for fitture annual report notification)	
For further information concerning this matter, please call:	
Accor Robosz at 950 Baytime Telephone Number Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filin	atus &

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

Tax Lien In	jestment tuck // LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L1700012380</u>	, , ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit 1290 NE 11954 The new name must be distinguishable and contain the words "Limit	
Enter new principal offices address, if applicable:	7 20 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Principal office address MUST BE A STREET ADDR	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	. Florida
Now Degistered Agent's Signature, if changing Registered	1 Agents

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
· ,			
		·	□ Remove
			☐ Change
			Add
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			☐ Remove
			☐ Change
			Chamber 13 Chamber 14 Chamber 15
		***************************************	□ Remove
			☐ Change

. 11 2111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary			
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		<u> </u>		
		<u> </u>		
Note: docur the re) The	feerive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	will not be	·listed	as the
Dated	1 <u>//10///</u>	₽ <i>0.</i>	20	
	Signature of a member or authorized representative of a member		17 JL	T
		ESSY!	ער ו 3	7
	A coon Rollos Z Typed or printed name of signee		_ P	
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	Page 3 of 3	\mathcal{Q}_{rn}	_	

Filing Fee: \$25.00