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SECRETARY OF STATE



# **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	T4G Prope	ecty Services	LLC
The enclosed Articles of	Amendment and fee(s) are subm	sitted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Garre	H Rankin	
	T+9	Property Servi	ces LLC
	545 Red 1	Mangrove Ln.	
	Apollo Bear	ch FL 3357* City/State and Zip Code	2
		Service SELC @ Go be used for future annual report notif	
For further information c	oncerning this matter, please cal	II:	
Carrett Rankin at (813) 541-0454  Name of Person Daytime Telephone Number			0454 e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TAG PROPERTY SERVICES LLC

TAG PROPERTY SET	RVICES LEC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number \( \begin{align*} \begi	•	and assigned
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abi 545 Red Munyro Apollo Beach, FL	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the nam</u>	the new registered
		SEE
New Registered Office Address:	Enter Florida street address , Florida	FLORUS STATE
	City	Tode

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Altadonna, Trevor	504 Florida Circle N.	□Add
		Apollo Beach, FL 33572	
			□Change
MGR	Altadonna Contracting	Apollo Beach, FL 33572	<b>Z</b> Add
		Apollo Beach, FL 33572	□Remove
			□Change
<del></del>			□Add
			□Remove
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Filing Fee: \$25.00