

M19000007834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

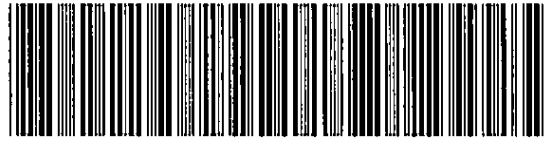
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300337706673

2019 DEC -5 AM 11:02  
TALLAHASSEE, FL 32309

FILED  
2019 DEC -5 A 9 45  
TALLAHASSEE, FL 32309

DEC 05 2019  
T. LE



115 N CALHOUN ST., STE. 4  
 TALLAHASSEE, FL 32301  
 P: 866.625.0838  
 F: 866.625.0839  
 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/04/2019

Name: Marcel Ogbonna-Amu

Reference #: 1158899

Entity Name: 1914 PARKER AVENUE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other CERTIFIED COPY OF THE AMENDMENT

Authorized Amount: \$55

Signature: \_\_\_\_\_



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/04/2019

Name: Marcel Ogbonna-Amu

Reference #: 1158899

Entity Name: 1914 PARKER AVENUE, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other CERTIFIED COPY OF THE AMENDMENT

Authorized Amount: \$55

Signature: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: 1914 PARKER AVENUE, LLC

Enter new principal office 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)**

2. The Florida document number of this limited liability company is: M19000007834

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/09/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: FL TAX DEEDS, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*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 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**

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_

Signature of the authorized representative

Joseph M. Miller, President

\_\_\_\_\_

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "1914 PARKER AVENUE, LLC", CHANGING ITS NAME FROM "1914 PARKER AVENUE, LLC" TO "FL TAX DEEDS, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF DECEMBER, A.D. 2019, AT 11:37 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

5305990 8100  
SR# 20198393180

Authentication: 204135441  
Date: 12-04-19

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:37 AM 12/03/2019  
FILED 11:37 AM 12/03/2019  
SR 20198393180 - File Number 5305990

**CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF FORMATION  
OF  
1914 PARKER AVENUE, LLC**

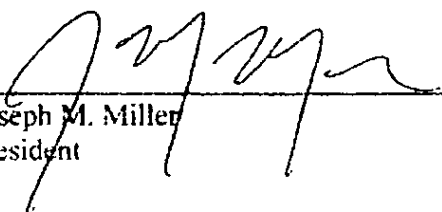
The undersigned, desiring to amend the Certificate of Formation of **1914 Parker Avenue, LLC** (the "**LLC**"), pursuant to the provisions of the Delaware Limited Liability Company Act, does hereby certify as follows:

1. The name of the LLC is 1914 Parker Avenue, LLC.
2. The Certificate of Formation for the LLC was originally filed on March 19, 2013, and assigned file number 5305990.

Paragraph FIRST of the Certificate of Formation of the LLC will be amended as follows, to change the name of the LLC:

"The name of the limited liability company formed hereby is FL Tax Deeds, LLC."

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to the Certificate of Formation on this 3<sup>rd</sup> day of December, 2019.

By:   
Name: Joseph M. Miller  
Title: President