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SECRETARY OF STATE

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: SPECIALTY MORTGAGE OF FLORIDA, 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:

	MEL BERNSTEIN		·	
		(Name of Person)		
	REAL PROPERTY MORTGAGE INVESTORS LLC			
	301 S. MILWEE STREE	T. SUITE 1009		
		(Address)		
	LONGWOOD, FL 32750			
		(City/State and Zip Code)		
For further information of	concerning this matter, please c			
MEL BERSNTEIN		at (_407) 810-4726		
(Name of Person)		(Area Code & Daytime T	Celephone Number)	
Enclosed is a check for t	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 DIVISION OF CORPORATION OF CO

SPECIALTY MORTGAGE OF FLO		,	
(<u>Name of the Limited I</u> (A l	Liability Compa Florida Limited I	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Lia	bility Company	were filed on 02/24/2006	and assigned
Florida document number L06000020415			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
REAL PROPERTY MORTGAGE INVESTORS I	LC		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		301 S. MILWEE STRE	ET
(Principal office address MUST BE A STREET ADDRESS)		SUITE 1009	
		LONGWOOD, FL 3275	50
Enter new mailing address, if applicable:		301 S. MILWEE STRE	ET
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 1009	
		LONGWOOD, FL 32750	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	MEL S. BERN	e: ISTEIN EE STREET, SUITE 1009 (Enter Flo	ords, <u>enter the name of the new</u> rida street address) . Florida 32750
	LONGWOOD	(Citv)	Fiorida <u>92+90</u> (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 confilm 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 on Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

MGRM MEL S. BERNSTEIN 849 ARBORMOOR PL LAKE MARY, EL 32746 MGRM SCOTT KOBRIN 231 SHILOH COVE LAKE MARY, EL 32746 MGRM TINA M. BERNSTEIN 849 ARBORMOOR PL LAKE MARY, EL 32746 Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.)) Dated MAY 15th 2008 Signature of a number or inhorized representative of a member MEL S. BERNSTEIN Typed or printed name of signee	<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM TINA M. BERNSTEIN 849 ARBORMOOR PL	MGRM	MEL S. BERNSTEIN		
Dated MAY 15th Dated MAY 15th Signature of a member or althorized representative of a member MEL S. BERNSTEIN	MGRM	SCOTT KOBRIN	231 SHILOH COVE	Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MAY 15th 2008 Signature of a member o	MGRM	TINA M. BERNSTEIN		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MAY 15th 2008 Signature of a number or althorized representative of a member MEL S. BERNSTEIN				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DatedMAY 15th				
Dated MAY 15th 2008 Signature of a number or authorized representative of a member MEL S. BERNSTEIN				
Dated MAY 15th . 2008	D. If amen	nding any other information, enter o	change(s) here: (Attach additional sheets, if nec	vessary.)
Signature of a member or authorized representative of a member MEL S. BERNSTEIN		`		
MEL S. BERNSTEIN	Dated <u>N</u>	1	= Tempor	·
		MEL S. BERNSTE	IN .	

Page 2 of 2

Filing Fee: \$25.00