

L07000110019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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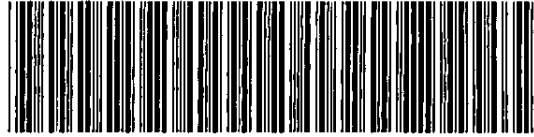
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

N. O. 2008 OCT 20 2008

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FORECLOSURE TREE & DOCUMENT SERVICE 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:

MADELINE M. DEPENA  
(Name of Person)

FORECLOSURE TREE AND DOCUMENT SERVICE, LLC.  
(Firm/Company)

2500 NW 79th Avenue, Suite 298  
(Address)

DORAL, FL 33122  
(City/State and Zip Code)

For further information concerning this matter, please call:

MADELINE M. DEPENA at ( 786 ) 478-3330  
(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
08 OCT 17 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FORECLOSURE TREE AND DOCUMENT SERVICE, 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 10/30/2007 and assigned Florida document number L07000110019.

This amendment is submitted to amend the following:

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

FORECLOSURE TREE MORTGAGE AND DOCUMENT SERVICES, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2500 N.W. 79th Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 298

Doral, FL 33122

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: \_\_\_\_\_

New Registered Office Address:

2500 N.W. 79th Ave, Suite 298

*(Enter Florida street address)*

Doral

*(City)*

Florida 33122

*(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 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MEDINA MADELINE	2500 NW 79TH AVE. STE. 298, DORAL FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LOWERS, ELIZABETH	2500 NW 79TH AVE. STE. 298, DORAL FL 777 NW 72ND AVENUE, SUITE 3002	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GARCIA, JULIE	2500 NW 79TH AVE. STE. 298, DORAL FL 777 NW 72ND AVENUE, SUITE 3002	<input type="checkbox"/> Add <input checked="" 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

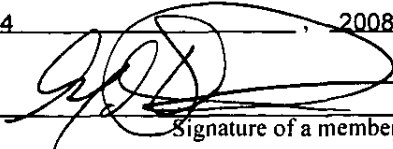
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

LOWERS, ELIZABETH SHOULD HAVE BEEN DELETED SINCE NOVEMBER 2007.

Mrs. Lowers has never been an owner or active participating partner in this LLC.

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Dated October 14, 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

MADELINE M. DE PENA

Typed or printed name of signee