

#L14000027868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

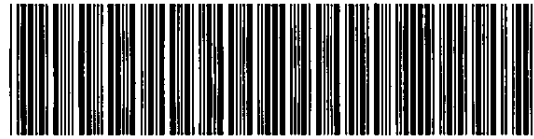
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL -3 PM 1:52

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EXAMINER

JUL -7 2014

CLAYTON H. BLANCHARD, JR., P.A.

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Eustis, Florida 32726
Rachel@CHBlegal.com

Telephone (352) 589-1919

Telecopier (352) 589-0032

July 1, 2014

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Investor Mortgage Solutions, LLC

Dear Sir or Madam:

In reference to the above, enclosed please find *Articles of Amendment to Articles of Organization of Investor Mortgage Solutions, LLC*, to be filed with the Florida Department of State. Also, enclosed please find a check in the amount of \$25.00 for the filing fee.

If you should have any questions or comments, please do not hesitate to contact me at (352) 589-1919.

Sincerely,



Rachel L. Symons
Secretary to Clayton H. Blanchard, Jr.

Enclosure

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Investors Mortgage Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 JUL -3 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/18/2014 and assigned
Florida document number L14000027868.

This amendment is submitted to amend the following:

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

Mesa Capital, 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:

(Principal office address MUST BE A STREET ADDRESS)

1445 Farrindon Circle

Lake Mary, Florida 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1445 Farrindon Circle

Lake Mary, Florida 32746

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:

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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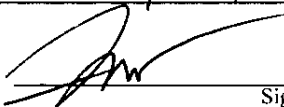
_____	_____	_____	☐ Add
		_____	☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 1, 2014.



Signature of a member or authorized representative of a member

Jim Levie

Typed or printed name of signer