

LD7000003122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

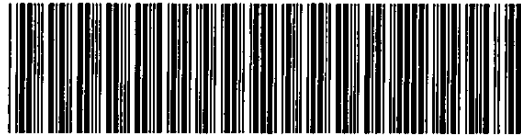
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400091778704

03/08/07--01034--008 **25.00

FILED

07 MAR -8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CERTIFIED MORTGAGE PLANNERS OF TAMPA, 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:

JOSE PIZARRO JR
(Name of Person)

CERTIFIED MORTGAGE PLANNERS OF TAMPA, LLC
(Firm/Company)

100 S. EDISON AVE, SUITE D
(Address)

TAMPA, FL 33606
(City/State and Zip Code)

For further information concerning this matter, please call:

JOEY PIZARRO at (813) 253.2632
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
07 MAR -8 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFIED MORTGAGE PLANNERS OF TAMPA, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 1/9/07 and assigned
document number LD7000003122.

SECOND: This amendment is submitted to amend the following:

TO CHANGE THE NAME AND ADDRESS FROM:

CERTIFIED MORTGAGE PLANNERS OF TAMPA LLC.

PLEASE CHANGE THE NAME AND ADDRESS TO:

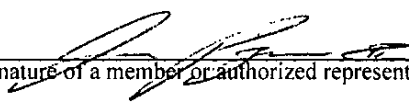
CERTIFIED MORTGAGE PLANNERS OF FLORIDA, LLC

100 S. EDISON AVE., SUITE D

TAMPA, FL 33606

THANK YOU!

Dated 3/5, 2007.


Signature of a member or authorized representative of a member

JOSE PIZARRO

Typed or printed name of signee

Filing Fee: \$25.00