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(Req	uestor's Name)				
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(City)	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Doc	ument Number))			
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IN SEP 27 EM IZ: 23

RM I2: 23 OF SIFATE EXELUEIDA

S. HAWKES

SEP 2 8: 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MUNICIPAL LIEN Acquisition Company, 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:
RICHARD A HEITMEYER
Name of Person
Firm/Company
7266 SE 12TH CIRCLE Address
Ocala, Fl 34480 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARD HEITMEYER at (352) 208-1049 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed)\$\$\$\$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

MUNICIPAL LIEN ACCUISITION COMPANY, 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	v Company were filed on Ma R	c 4 /5, 2 0/0 and assigned	
Florida document number 4/0000 283) 8	und doorgrou	
Plotida document fidinoei	<u>~ ~ .</u>	400 6	
This amendment is submitted to amend the following	:	SEP 27 PI	
A. If amending name, enter the new name of the li	imited liability company here:	1 PH	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company,"	the designation "LLC" of the abbreviation	
Enter new principal offices address, if applicable:	·	······································	
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAT BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the nev	
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 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 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>	Address	Type of Action
MGRM	GEORGE GLEADAL	L 5339 PARK PLACE CI BOCA RATON, FL 33	RCLE Add 3486 45 PRemove
1 <u>GRM</u>	GEORGE BERTSCH	11500 CRONBRIDG SUITE 108-D OWINGS MILLS, N	E DRIVE [17] Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, ente	er change(s) here: (Attach additional sheets,	if necessary.)
			All a constitue
Dated	SEPT 23.	<u>2010</u> .	
	Signature of a	a member or authorized representative of a member of authorized representative of a member	oer

Page 2 of 2

Filing Fee: \$25.00