

L020000031646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

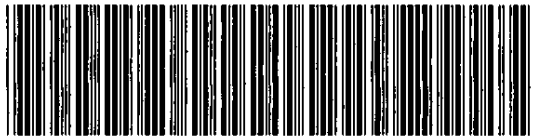
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
A. LUNT
AUG 18 2008
EXAMINER

Office Use Only



800134409488

08/14/08--01028--004 **25.00

2008 AUG 14 P 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

August 11, 2008

To: Amendment Department
Florida Department of State

From: Irma Ventura
Ventura & Associates, LLC

RE: Amendment

Attached you will find the application and fee for processing an amendment.

My daytime phone number is 239-369-2006

Return Address;
5624 8th Street W, Suite 111
Lehigh Acres, FL 33971

Thank you for your assistance.



2008 AUG 14 P 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VENTURA & ASSOCIATES, 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:

IRMA VENTURA
(Name of Person)

VENTURA & ASSOCIATES, LLC
(Firm/Company)

5624 8TH ST W, SUITE 111
(Address)

LEHIGH ACRES, FL 33971
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 AUG 14 P 1:17

FILED

For further information concerning this matter, please call:

IRMA VENTURA at (239) 369-2006
(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**

VENTURA & ASSOCIATES, 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 10/31/2002 and assigned Florida document number L02000031646.

This amendment is submitted to amend the following:

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

VENTURA MORTGAGE, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2008 AUG 14 P 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 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:

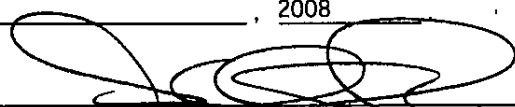
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input 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
_____	_____	_____	<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.)*

2008 AUG 14 P 1:17
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
FILED

Dated AUGUST 11, 2008



 Signature of a member or authorized representative of a member
 IRMA VENTURA

 Typed or printed name of signee