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Licensed Mortgage Broker

1817 Crescent Blvd., Unit 102 Orlando, FL 32817 Phone: (407) 382-3400 Fax: (407) 650-2532

December 2, 2008

Enclosed is an amendment to the articles of organization. IF you have any questions you can contact me at 321-303-3165. My return address is: 1817 Crescent Blvd, Unit 102 Orlando, FL 32817

Sincerely,

Christina Robson

President

Email: christina@expressmortgagefla.com

COVER LETTER

. Division of Corp	porations			
SUBJECT: EXPI	(Name of Limit	age Services . ed Liability Company)	Florida, LLC	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
	Christine	RODSON (Name of Person)		
Express mortgage Senices Florida				
1817 Crescent BIVO #102				
	Orlando	FL 32817 (City/State and Zip Code)		
For further information concerning this matter, please call: Christina Robson (Name of Person) at (331) 303-3165 (Area Code & Daytime Telephone Number)				
Enclosed is a check for th	e 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:

TO:

Registration Section

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

10/40age Services Florida, LCC ited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" The asserviation		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	1817 Crescent Blvd, Unit 102 Orlando, FL 32817		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1817 Crescent Bird, unit 102 Oriando, FL 32817		
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:	hristina Robson		
New Registered Office Address:	317 Crescent Blvd, Unit 102 (Enter Florida street address)		
	Orlando, Florida 32817 (City) (Zip Code)		
Now Docistored Agentle Signature if shanging Docistor	ad Amonte		

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 Title <u>Name</u> <u>Address</u> Type of Action MGR Pamtunchuck 14276 Loverskey Lane □ Add Remove MGR Dennis Hunchuck ☐ Add Remove Add Remove □ Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee