## 104000030580

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Pftoffe #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(,					
(Dagues and Niverban)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
opeolal matractions to 1 ming officer.					
·					

Office Use Only



000134944300

09/02/08--01020--014 \*\*25.00

T. CLINE

SEP - 3 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Trust USA Mortgage 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:
German Gonzalez (Name of Person)
Trust USA Mortgage LLC.
1160 E. Hallandale Beach BIVd.
Hallandale, Pt. 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
Keistal Del campo at (954) 239-0309 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TQ:

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

Trust USA (Name of the Limited (A	Mov + a a a Liability Compan Florida Limited Lia	as it now appears oblity Company)	on our records.)					
The Articles of Organization for this Limited Liability Company were filed on 4 21 2004 and assigned Florida document number 6 204000030580.								
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liabili	ty company here:						
The new name must be distinguishable and end with	the words "Limite	d Liability Company	" the designation "	LLC <sup>22</sup> Or the	abbreviation			
"L.L.C."	Title Words Billite	d Bluomiy Company	, the designation	# 78				
Enter new principal offices address, if applica	blox			जिल्ला ≫ नर्स				
• • •				- <u>SS</u>	N :			
(Principal office address MUST BE A STREET	(ADDRESS)							
				<u> </u>	<del>- 1</del>			
					=			
Enter new mailing address, if applicable:	_			****				
(Mailing address MAY BE A POST OFFICE E	<u>iOX)</u>							
B. If amending the registered agent and/o registered agent and/or the new registered off		ce address on our	r records, enter	the name	of the new			
Name of New Registered Agent:	Germa	an Gonz	Lalez_					
New Registered Office Address:	1160 E.	Hu llanda	le Beach	Blvd Idress)				
	Hallan	dale (City)	, Florida	3300 (Zip Co	<b>9</b> de)			
New Registered Agent's Signature, if changing R	egistered Agent:							
I hereby accept the appointment as registered	l agent and agree	to act in this can	acitv. I further as	ree to com	plv with			

(If Changing Jegistered Agent, Signature of New Registered Agent)

Page 1/92/2

the provisions of all statutes relative to the proper and complete performance of my duties, and 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

<u>Title</u>	Name	Address	Type of Action
Mgrm	German Gonzalez	Illoo E. Hallandak Beach BIVD Hallandale, PL 33009	Add Remove
			Add Remove
			Add Remove
		•	Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	Remove
_			<del></del>
	A.c1 22	00	
Dated	August 22 , 201	<del>5</del>	
	Signature of a member	or authorized representative of a member  On i dSO N  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00