# 104000044846

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	}
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		8/10,
	Office Use Only	Rijo



700058141687

08/08/05--01040--011 \*\*55.00

SECUL OF STATE
SECUL OF STATE

UG -8 AHH:

### TRANSMITTAL LETTER

TO: Registration S  Division of C					
SUBJECT: ATLANT	TIC MORTGAGE AND INVES	TMENT LLC			
	(Name of Li	mited Liability Company)			
	of Amendment and fee(s) are sul				
	Jamie R Cudd				
	(1	Name of Person)			
LEG	END LENDING GROUP LLC				
	(	Firm/Company)	 	05	
2434 SE	14th STREET		ECR.	05 AUG -8 AM 11: 03	
		(Address)		-8	
P	OMPANO BEACH, FLORIDA	33062	SE PORI	$\stackrel{\cong}{=}$	
	(City	/State and Zip Code)	Allow Miles	: 03	
For further information	n concerning this matter, please	call:			
JAMIE R CL		at (_954) _562-884			
	(Name of Person)	(Area Code & Daytime	: Telephone Number)		
Enclosed is a check for the	ne 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	i)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

#### MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION OF

ARTICLES OF AMENDMENT

## ATLANTIC MORTGAGE AND INVESTMENT LLC (Present Name) (A Florida Limited Liability Company) The Articles of Organization were filed on 06/11/2004 and assigned FIRST: document number L04000044846 SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company: LEGEND LENDING GROUP LLC Change name to: Remove: ARTHUR K KAMINSKI as MGRM Change mailing address to: 2434 SE 14th STREET, POMPANO BEACH, FLORIDA 33062 2005 Dated August 5 Signature of a member or authorized representative of a member

1)

2)

3)

Filing Fee: \$25.00

Typed or printed name of signee

JAMIE R CUDD, MGR

HLEU