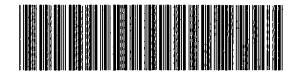
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tailored Mort-yaife Libility Company) (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:	
Janet Lacondrata (Name of Person)	
Tailored Mortgage UC	
7459 S. Military Tr Stee	
Lave Worm, FL 33463 AND SERVICE City/State and Zip Code)	
For further information concerning this matter, please call:	֓֞֝֓֞֓֓֓֓֓֓֓֡
USSI (Cu Favadis at (50) 290-500 Fri - (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) \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)	osed)

MAILING ADDRESS:

TO:

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

Tailoxed Morta	age UL	
(Name of the Limited Lfa (A Flo	bility Company as it now appears on o rida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22,2004 and assigned
Florida document number <u>LD 4D000</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	Z000 NAR SECRET
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	ne designation "Lb6" or the aboreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
. •	(Enter Florida street address)	
_	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	er and complete performance of my ed agent as provided for in Chapter stered office address, I hereby confi	duties, and I am familiar with and 608, F.S. Or, if this document is

(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 **Type of Action** Title **Address** MGRM THEO RIBATIO \ Remove Add Remove Add Remove Add Remove Remove 9 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) wember 2008. Dated January 3 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

January 31, 2008

Tailored Mortgage LLC C/O Lloyd Taylor 7459 S. Military Trail Ste E Lake Worth, FL 33463

RE: Partnership in Tailored Mortgage

Dear Lloyd Taylor,

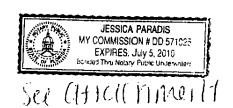
Please let this letter serve as my official letter of resignation. It was a pleasure being a part of Tailored Mortgage and an officer of the company. Unfortunately I must resign and step down from my current duties as officer but thank you for the wonderful opportunity and hope to someday work along side with you in this capacity.

Sincerely,

Theo Ribatto

TILED

1000 MAR 24 A II: 19
SECRETARY OF STATE
SECRETARY OF STATE



,IDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT 15 695.25 totationstationatics: State of Florida County of Alm Dull The foregoing instrument was acknowledged before me this 31 day of Almud M. Room No. 10 State of Person Accrowledged before me this 31 day of Almud M. Room No. 10 State of Person Accrowledged by No. 10 State of Person Accrowledged by No. 10 State of Person Accrowledged by No. 10 State of Person Accrowledged M. Notary Public Signature of Notary Public Signature of Notary Public No. 10 State of No. 10 State