

LD4000075727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

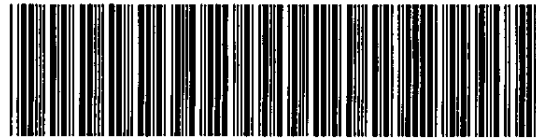
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400082389054

12/11/06--01040--009 **25.00

FILED
06 DEC 11 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan DEC 12 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE IN OWNERSHIP
(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:

EDWIN D TURIZO

(Name of Person)

INSURANCE & MORTGAGE CHOICE II, LLC

(Firm/Company)

7756A NW 44TH STREET

(Address)

SUNRISE FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWIN D TURIZO

(Name of Person)

at (954) 318-1919

(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

FILED
06 DEC 11 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INSURANCE & MORTGAGE CHOICE II, LLC

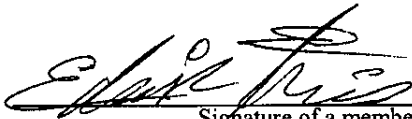
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/19/2004 and assigned
document number L04000075727.

SECOND: This amendment is submitted to amend the following:

MANAGER/MEMBER DETAIL - DELETE OLGA L RAMIREZ TITLE-
MGRM

Dated DECEMBER 8, 2006.



Signature of a member or authorized representative of a member

EDWIN D TURIZO

Typed or printed name of signee

Filing Fee: \$25.00