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| TO: Registration Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: Martin Home Loan, 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: | | | | |
| | | | | |
| William D Ramos | | | | |
| (Name of Person) | | | | |
| Riverside Mortgages, LLC | | | | |
| (Firm/Company) | | | | |
| 4267 NW Federal Hwy. Ste. 140 | | | | |
| (Address) | | | | |
| Jensen Beach, FL. 34957 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| William D Ramos _{st.} 772) 214-2904 | | | | |
| William D Ramos at (772) 214-2904 (Area Code & Daytime Telephone Number) | | | | |
| | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 | | | | |

CK# 25/ enclosed

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Martin Home Loan, LLC

| | (A Florida Limited Liaolity Company) | | | |
|----------|---|--------------|-----------|---------------------------|
| FIRST: | The Articles of Organization were filed on document number L05000002032 and assignment number | med | | |
| SECOND: | This amendment is submitted to amend the following: | | | |
| | The following changes are effective as of April 15, 2006. | | | |
| | 1 - Name change from Martin Home Loan LLC to Riverside Morte | gages, LLC | <u> </u> | |
| | 2 - Address change to 4267 NW Federal Hwy. Ste. 140, Jensen Beach | ch, FL 3495 | - 7 | |
| | NO OTHER CHANGES REQUESTED ON THIS AME | NDMEN | _ Ţ | |
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| | | | PH 1:: 56 | |
| | Signature of a member or authorized representative of a member William D Ramos | | | |
| | Typed or printed name of signee | | | |

Filing Fee: \$25.00