2050000/4/39

(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:
Call "

Office Use Only



900076714659

06/30/06--01026--017 **30.00

2006 JUL -6 P 3 24
SECRETARY OF STATE
ALL AHASSEE FISTATE

COVER LETTER

Division of (LILED
SUBJECT:	IRA MURGA (Name of L	46E Services LL imited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	John Herndon		
	1	(Name of Person)	
	IRA MORGAGE S		
		(Firm/Company)	
	2690 S. Combee	Road	
•	·····	(Address)	
	Lakeland, FL 338	803 //State and Zip Code)	
For further information	on concerning this matter, please	call:	
John H	lerndon	at (863) 666-	2298
- 	(Name of Person)	(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

2006 JUL -6 P 3: 26

IRA MORGAGE SERVICES, LLC

(Present Name) (A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FLORIDA

FIRST:	The Articles of Organization were filed on document number L05000014139 and assigned
SECOND:	This amendment is submitted to amend the following:
	The company was spelled IRA MORGAGE SERVICES, LLC in error.
	The correct spelling of the company is IRA MORTGAGE SERVICES, LLC.
	Please correct to IRA MORTGAGE SERVICES, LLC.
Dated Ju	ne 26 <u>2007</u> .
	John & Kenslar - Manayer
	Signature of a member or authorized representative of a member 5 hn B. Herndon
	Typed or printed name of signee

Filing Fee: \$25.00