L05000022844

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SECRETARY OF STATE DIVISION OF CORPORATIONS
OR APR 29 PH 1: 18

J. BRYAN

APR 3 0 2008

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	orporations		
SUBJECT:	PROMARK MORTGAGE,	LIC.	
		nited Liability Company)	
٠.			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
	MARK	S. SCHECHNER	
		(Name of Person)	081
	MARK	S, SCHECHNER, P.A. (Firm/Company)	OB APR 29 PH 1: 18
		(rim/company)	9 P
	2121	Ponce de Leon Blvd, #711	29 PH 1: 18
		(Address)	18
	CORA	L GABLES, FL 33134	
		(City/State and Zip Code)	
For further information	concerning this matter, please	call:	
MARK S. SCI	HECHNER -	at (<u>305) 446–1621</u>	
(Name	e of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	the following amount:		
x \$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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF	CAETAR COR
PROMARK MORTGAGE, LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	PH 1: 18
The Articles of Organization for this Limited Liability Company were filed on March 7, 2005 Florida document number L 05000022844	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	·	
New Registered Office Address:	(Enter Flo	rida street address)
		_, Florida
 -	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(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 I = Managing Member		
<u>Title</u>	Name	Address Typ	e of Action
			Add Remove
	<u> </u>		Add Remove
			Add Remove
	<u> </u>		Add Remove
			.dd emove
		Ģ R	dd Emeve
D. If an	nending any other information, enter change(ADD: SILVIA I. ROOS AS A MEMBER	(s) here: (Attach additional sheets, if necessary.)	FILED CRETARY OF STATE ION OF CORPORATIONS
Dated _	APRIL 25 , 2008)		
,		of authorized representative of a member	-
	MARK S. SCHE	ECHNER or printed name of signee	_

Page 2 of 2

Filing Fee: \$25.00