## 205000054684

(Re	questor's Name)	
(Ad	idress)	•
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	A. I	LUNT
	OCT	<b>31</b> 2012
	EXA	MINER

Office Use Only



800240794468

10/29/12--01005--009 \*\*25.00



## **COVER LETTER**

	istration Section sion of Corporati	ons				
SUBJECT:	PA	RAGON MORT	GAGE HOLDING	S, LLC		
Bebulein			ted Liability Company			
The enclosed	Articles of Amend	lment and fee(s) are sub	omitted for filing.		ı	
Please return	all correspondence	e concerning this matter	to the following:			
			MICHELLE DY			
		-	Name of Person		,	
		CONVER	RGENT MANAGEME	NT LLC	, 	
			Firm/Company			
		4600 WEST	CYPRESS STREET	SUITE 120	·	
		wight of the original schools is the	Address	•	,	
		TAMPA FL 33607				
			City/State and Zip Code		产 置	
	:	E-mail address: (1	E@CONVERGENTO  to be used for future annual rep	CAP.COM port notification)	7.00T	4
For further in	formation concern	ing this matter, please o	all:		\$35E	
	MICHEL	LEDY	at ( 813 )	386-4908	2	1
	Name of Person		Area Code &	Daytime Telephone Numb	ner 07-1 22	نسي
Enclosed is a	check for the folio	wing amount:				•
<b>₹25.00</b> Fi	ling Fee\$	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is a	enclosed) Certifie	illing Fee, cate of Status & ed Copy onal copy is enclose	:d)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registratio	f Corporations			

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAGON MORTGAGE HOLDINGS, LLC	
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	

The Articles of Organization for this Limited Lia	bility Company v	were filed on	06/02/2005	and assigned	
Florida document numberL050000546				m3.	
Tiorida document number	<del></del> .		<u>.</u>		
This amendment is submitted to amend the follow	wing:		:	10 T 2	
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compar	y," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:	4600 WEST C	YPRESS STRE	ET	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 120_			
		TAMPA FL 33	607 US		
Enter new mailing address, if applicable:		4600 WEST C	YPRESS STRE	FT ·	
•	ov.	SUITE 120	THE COUNTRY		
(Mailing address MAY BE A POST OFFICE B	<u>(UA)</u>	TAMPA FL 33607 US			
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered of Name of New Registered Agent:			ır records, <u>enter t</u>	the name of the new	
New Registered Office Address:	4600 WEST	ST CYPRESS STREET SUITE 120			
Tion regulated State Hadess.	<del></del>	Enter Florida street address		lress :	
		TAMPA	, Florida	33607	
		City		Zip Code	
New Registered Agent's Signature, if changing Ro	egistered Agent;			•	
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re- company has been notified in writing of this ca	oper and comple tered agent as pl egistered office o	ete performance o	Conv daties, and I d	am familiar with and	

Page 1 of 2

If Changing Registered Agent Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u> ·	Name	Address	Type of Action
MGR_	PARAGON MORTGAGE INC.	3105 WEST WATERS AVENUE. SUITE 107 TAMPA FL 33614 US	Add Remove
MGR	PARAGON MORTGAGE INC.	4600 WEST CYPRESS STREET SUITE 120 TAMPA FL 33607 US	✓ Add ☐ Remove
	· ·		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	
- - -	10/25/2012	THE CONTROL OF THE CO	AIIZOCT 29 PM 3
Dated	,		র্ম
		r authorized representative of a member  Sh Govindaraju r printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00