L0500009137

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S. HAWKES

MAR 1 8 2009

EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: ALL OK Mortgages LLC (Name of Limited Liability Company)					
(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:					
Roberto Rodriquez (Name of Person)	·				
(Name of Person)					
ALL OK Mortgages LLC (Firm/Company)					
22945 SW 113 Pl.					
• • • •	•				
Miami Ft 33170 (City/State and Zip Code)					
(City/state and Zip Code)					
For further information concerning this matter, please call:					
Roberto Rodriguez at (786) 444 537 (Name of Reson) (Area Code & Daytime Tele	Ø				
(Name of Resson) at (TOb) 244 957 (Area Code & Daytime Tele	phone Number)				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status 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

TALL OK MORTGAGES 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 Liability Company were filed on <u>08</u> Florida document number L 05000079137 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rogi Contracting Services LLC

The new name must be distinguishable angend with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida street address) (City)

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 = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			FT D
			Add Remove
			Add Remove
			Add P
	•		Remo@
			7 Dam
			Remove
D. If ame	ending any other information, e	nter change(s) here: (Attach additional she	ets, if necessary.)
-			
_			
Dated	03/12/2009		
	Signature	of a member or authorized representative of a me Rodrique 7. Typed or printed name of signee	emb é r

Page 2 of 2

Filing Fee: \$25.00