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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. Tacket AUG 1 2 2008

### **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Down	d and Bran U. (Name of Lin	Change to Line Liability Company)	oss Mitigation Assu
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Diana	(Name of Person)	
	Diana	Ceron PA (Firm/Company)	<del></del>
	7913 Tie	Ser Lily Drive	·
	Naples	(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Diano C (Name	e of Person)	at (239) 659 32 (Area Code & Daytime T	eiephone 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)	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

## TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Li	isbility Company were filed on 8-26-05	and assigned
Florida document number 1 650000	4979.	SECRE DIVISION
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	RP OF S
Loss Mitigation	Assistance LLC	· AAA
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on our records, enter the fice address here:	name of the new
Name of New Registered Agent:	Dianamaron	
New Registered Office Address:	7913 Tiger Lily Drive (Enter Florida street address	is)
	Naples Florida 3°	(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

Title	Name	Address	Type of Action
MGR	DavidWithrow	7913 Tiger Lily Drive Naples FL 34113	Add Remove
MGR	Dianapparon	7913 Tiger Lily Die	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	gc(s) here: (Attach additional sheets, if necessary,	) 
D4(80	Dianance	r or authorized representative of a member	

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Filing Fee: \$25.00