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G. MCLEOD

OCT 21 2008

EXAMINER



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10/20/08--01028--013 \*\*25.00

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Investors Mortgage Capital, LLC (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:
Kenneth Martin (Name of Person)
Investors Mortgage Captal, LCC (Firm/Company)
PO Box 53657S (Address)
Orlando, FL 32853 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Kenneth Martin at (615) 308-5017  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  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

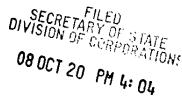
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## STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Investors Morta (Name of the Limited L (AF	ege Capital,	LLC		
( <u>Name of the Limited L</u> (A F	<u>iability Company as i</u> Iorida Limited Liabilit	t now appears on our Company)	r records.)	
The Articles of Organization for this Limited Lial Florida document number		filed on $\frac{2/21}{2}$	06	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability c	ompany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	ability Company," the	designation "LLC	" or the abbreviation
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		ddress on our rec	ords, <u>enter the</u>	name of the new
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	550 B Orlando	Um by (Enter Flow	rida street addre.	ss)
	Orlando	,	_, Florida <u>3</u> 2	2803
	(Cit	v)		(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 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

MGRM = Managing Member Title **Address Type of Action** Name T Pool Manager LLC MGRM Add Remove William R. Weakley MGRM Add Remove MGRM Kenneth R. Martin

MGRM Laurie Weakley Add Remove Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October Dated \_\_\_ Let R MA
Signature of a member or authorized representative of a member Kenneth R. Martin
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00