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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 Markh (Name of Person)				
Investors Mortgage Capital, LLC (Firm/Company)				
Truestors Mortgage Capital, LLC  (Firm/Company)  PO Box 536575  (Address)  Orlando, FL 32853  (City/State and Zip Code)				
(Address)	E			
Orlando, FL 32853				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Kenneth Martin  at (615) 308-5017  (Name of Person)  at (615) 408-5017  (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee,  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

· · · · · · · · · · · · · · · · · · ·	ortgage Capital, C		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabi Florida document number		Z/21/06 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here	;	
The new name must be distinguishable and end with th "L.L.C."  Enter new principal offices address, if applicable		y," the designation "LLC" or the abbreviation	
(Principal office address MUST BE A STREET A	<del></del>	08	
- The spirit of	DDRESS)	10000000000000000000000000000000000000	
	<del></del>	第 5	
Enter new mailing address, if applicable:		- P	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	FR D	
		ORDER 25	
B. If amending the registered agent and/or registered agent and/or the new registered office		er records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida 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

MGRM = Managing Member Title Name Address **Type of Action** William R. Weakley MGRM Add 🔁 Remove Kenneth R. Martin MGRM Add Add Remove MGRM Add Remove ☐ Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008. Kartl 1 MA
Signature of a member or authorized representative of a member Kenneth R. Marth Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00