

LD0000063070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

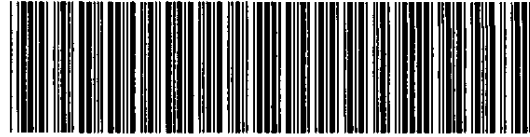
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF ARIZONA

APPROVED
AND
FILED

D. BRUCE

DEC 26 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: My Land Mortgage 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:

Jorge A. Alvarado
Name of Person

My Land Mortgage LLC
Firm/Company

4577 Nob Hill road Suite # 204
Address

Sunrise, Florida, 33351
City/State and Zip Code

jorge_myland@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge A. Alvarado at (**954**) **742-2512**
Name of Person Area Code & Daytime Telephone 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)
- \$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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

My Land Mortgage 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 06/21/2006 and assigned Florida document number L06000063070.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4577 NOB HILL ROAD SUITE 204

SUNRISE, FL. 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4577 NOB HILL ROAD SUITE 204

SUNRISE, FL. 33351

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SECRETARY OF STATE

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:

JORGE A. ALVARADO

New Registered Office Address:

4577 NOB HILL ROAD #204

Enter Florida street address

SUNRISE

Florida 33351

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 60A, 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:

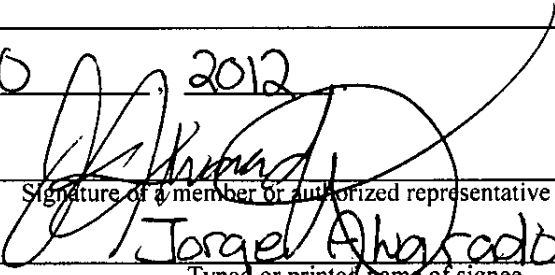
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEONARDO ALVARADO	1211 Fairlake Trace Suite 1415 Weston, FL. 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BLANCA M. ALVARADO	1211 Fairlake Trace Suite 1415 Weston, FL. 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TATIANA M. ALVARADO	1211 Fairlake Trace Suite 1415 Weston, FL. 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JORGE A. ALVARADO	1211 Fairlake Trace Suite 1415 Weston, FL. 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JORGE A. ALVARADO	4577 Nob Hill road Suite 204 Sunrise, FL. 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 10, 2012



Signature of a member or authorized representative of a member

Jorge Alvarado

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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A:JD
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