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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 14 AM 11:05

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T. CLINE
SEP 15 2009
EXAMINER

AJAY SEHDEV

DAYTIME TELEPHONE
NUMBER

(407) 257-5855

MAILING ADDRESS

7041 WINDING LAKE CIRCLE
OVIEDO, FL 32765

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERIGROUP MORTGAGE COMPANY, 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:

AJAY SEHDEV

Name of Person

N/A

Firm/Company

7041 WINDING LAKE CIRCLE

Address

OVIEDO, FL 32765

City/State and Zip Code

ajaysehdev@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AJAY SEHDEV

Name of Person

at (**407**)

2575855

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

2006 SEP 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

AMERIGROUP MORTGAGE COMPANY, 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 09/14/2006 and assigned
Florida document number L06000090124.

This amendment is submitted to amend the following:

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

MAIN STREET MORTGAGE FUNDING, LLC

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)

7041 WINDING LAKE CIRCLE

OVIEDO, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7041 WINDING LAKE CIRCLE

OVIEDO, FL 32765

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

AJAY SEHDEV

New Registered Office Address:

7041 WINDING LAKE CIRCLE

Enter Florida street address

OVIEDO

City

, Florida

32765

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA
CLERK OF THE COURT

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

NO ADDITIONAL CHANGES OTHER THAN COMPANY NAME

Dated SEPTEMBER 8TH, 2009.


Signature of a member or authorized representative of a member

Ajay Sehdev
Typed or printed name of signee