

LOG6000099749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

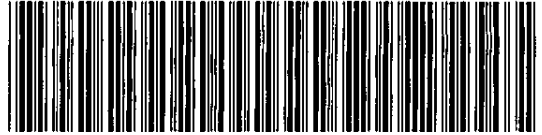
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Office Use Only

LOG-99749



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FILED
08 MAY -5 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas MAY -6 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Reverse Direct 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:

Jim C. Boswell

(Name of Person)

Reverse Direct LLC DBA Seniors Reverse Mortgage

(Firm/Company)

542 Eglin Parkway N/E

(Address)

Fort Walton Beach FL 32547

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jim C. Boswell

(Name of Person)

at (850) 863-1600

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2008

JIM C. BOSWELL
542 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547

SUBJECT: REVERSE DIRECT LLC
Ref. Number: L06000099749

We have received your document for REVERSE DIRECT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 008A00025207

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08 MAY - 5 PM 4:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

REVERSE DIRECT 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 FEBRUARY 2, 2008 and assigned Florida document number L06000099749.

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."

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:

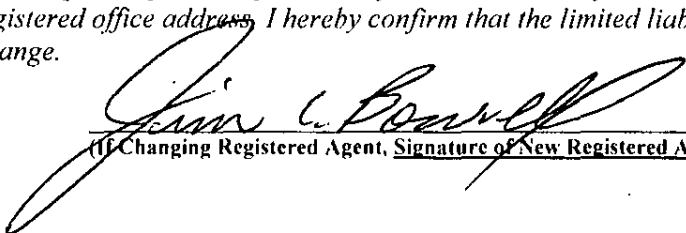
Name of New Registered Agent: JIM C. BOSWELL

New Registered Office Address: 542 EGLIN PARWAY N/E
(Enter Florida street address)

FORT WALTON BEACH, Florida 32547
(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)

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TALLAHASSEE, FLORIDA

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:

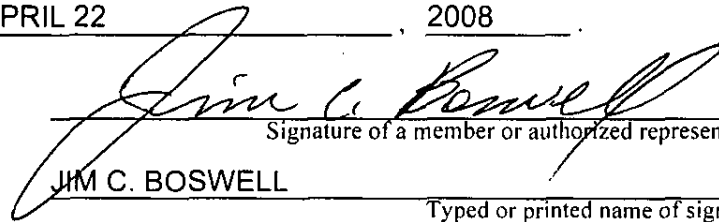
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mange	Henry Deweerd	15120 County Line Rd. 102 Spring Hill FL 34610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MANA	HENRY DEWEERD	15120 COUNTY LINE RD. 102 SPRINGHILL FL 34610 MANAGING MEMBER	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MANAG	HAROLD COCKRAN	15120 COUNTY LINE RD. 102 SPRING HILL FL 34610 MANAGING MEMBER	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MANGI	STEVE C. BOSWELL	542 EGLIN PARKWAY N/E FORT WALTON BEACH FL N/E 32547 MANGING MEMBER	<input checked="" 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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TREASURER OF FLORIDA

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

Dated APRIL 22, 2008



Signature of a member or authorized representative of a member
JIM C. BOSWELL

Typed or printed name of signee