

L07000008297

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000215316 3)))



H080002153163ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MORTGAGE SURGEONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. Tadlock SEP 17 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 15 AM 9:05

RECEIVED
08 SEP 16 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

"Transvalue"
per phone call
- det



September 16, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MORTGAGE SURGEONS, LLC
9230 SW 208 TERRACE
CUTLER BAY, FL 33145US

SUBJECT: MORTGAGE SURGEONS, LLC
REF: L07000008297

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

FAX Aud. #: H08000215316
Letter Number: 208A00050269

P.O BOX 6327 - Tallahassee, Florida 32314

(((H08000215316)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MORTGAGE SURGEONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 15 AM 9:05

The Articles of Organization for this Limited Liability Company were filed on 01/23/2007 and assigned
Florida document number L07000008297.

This amendment is submitted to amend the following:

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

Transvalue Funding Group 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)

1000 PONCE DE LEON BLVD, 3RD FLOOR

CORAL GABLES FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 PONCE DE LEON BLVD, 3RD FLOOR

CORAL GABLES FL 33134

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:

New Registered Office Address:

(Enter Florida street address)

(City), Florida (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)

((H08000215316)))

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:

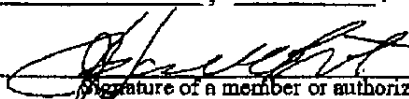
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Y H Amado	1000 PONCE DE LEON BLVD, 3RD FLOOR CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Y. OLIVELLA	1000 PONCE DE LEON BLVD, 3RD FLOOR CORAL GABLES FL 33134	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 9-15, 2008

(4)


Y H Amado
typed or printed name of signee

Signature of a member or authorized representative of a member