

W07000039879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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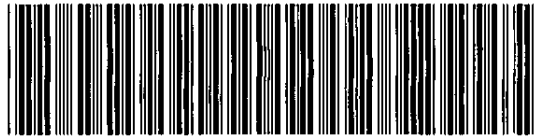
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 29 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E- Mortgage Provider, 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:

Matt Fronzaglia

(Name of Person)

Opus Bancard Services, LLC

(Firm/Company)

12068 NW 56th Street

(Address)

Coral Springs, Florida 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Fronzaglia

(Name of Person)

at (954) 461-8504

(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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TALLAHASSEE, FLORIDA

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

E-Mortgage Provider, 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 April 13, 2007 and assigned Florida document number L07000039879.

This amendment is submitted to amend the following:

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

Opus Bancard Services, LLC

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: Matt Fronzaglia

New Registered Office Address: 12068 NW 56th Street

(Enter Florida street address)

Coral Springs, Florida 33076

(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.

Matt Fronzaglia
(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> |
|--------------|-----------------|---|--|
| MGRM | Mary Fronzaglia | 2385 NW Executive Center Dr. Suite 100 Boca Raton, FL 33431 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Matt Fronzaglia | 12068 NW 56th Street Coral Springs, Florida 33076 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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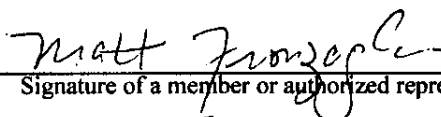
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Add member: Almar Associates, Inc

PO Box 811733, Boca Raton, FL 33487

Dated April 23, 2008



Signature of a member or authorized representative of a member

MATT FRONZAGLIA

Typed or printed name of signee