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SECRETARY OF STATE TALLAHASSEE, FLORIDA



T. CLINE

MAY 20 2008

**EXAMINER** 

## **COVER LETTER**

TO:		tion Section , , , of Corporations				
SUBJE	ССТ:	Nationwide Foreclos (Name of Limi	sure Solutions ted Liability Company)			
The en	closed Arti	cles of Amendment and fee(s) are subt	nitted for filing.			
Please	return all c	orrespondence concerning this matter (	to the following:			
		Brandon	Schwedes (Name of Person)	<del></del>		
		<u>Natlomvide</u>	Fore closure Solutions, (Firm/Company)	LLC	ns (1	
		3802 Long G	rout Lane (Address)		۲ ا	
		Port Orange	(Address)  FC 32129 (City/State and Zip Code)	ALLAHASS	SECRETARY OF STATE	
For fur	her inform	ation concerning this matter, please ca	11:	יי יי יי	Y OF STATE	T T
£	3rand	On Schwedes (Name of Person)	at ( <u></u> <i>800</i> ) <i>983-9443</i> (Area Code & Daytime Te	elephone Number)	FAIE IS	- चाक्-
Enclose	ed is a chec	k for the following amount:				
\$25.	00 Filing I	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional c	f Status &	ed)
			4 .			
		MAILING ADDRESS: Registration Section	STREET/COURIER A	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·		foreclusure Solutions	
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 "LCC"  B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:	(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
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 "Company 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:	The Articles of Organization for this Limited Li Florida document number <u> </u>	ability Company were filed on <u>05/09/07</u>	and assigned
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:	This amendment is submitted to amend the follo	owing:	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:	A. If amending name, <u>enter the new name of</u>	the limited liability company here:	Z000 HAY SECRET
registered agent and/or the new registered office address here:			FS E
Name of New Registered Agent:  New Registered Office Address:  81 And Schwede S  New Registered Office Address:  3802 Long Gove Lane  (Enter Florida street address)			er the mame of the new
New Registered Office Address: 3802 Long Grove LAne (Enter Florida street address)	Name of New Registered Agent:	Brandon Schwedes	
	New Registered Office Address:	3802 Long Grove LANC (Enter Florida street	address)
Port Oran 6E , Florida 32129 (City) (Zip Code)		Port Oran 6E , Florida	<b>32129</b> (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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ∓ Man MGRM = M	nager lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Brandon Schwedes	3802 Long Grove Lane Port Orange, FL 32129	Add Remove
MGRM	Mike Kennedy	210 Suburban Ave NE. Concord, NC 28025	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	HA Add Romove Ro
		e(s) here: (Attach additional sheets, if necessar	RIDA ATE
Dated			
	Mikekennedy	or authorized representative of a member	
-		Kennedy or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00