L07000077403

Office Use Only



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05/23/08--01043--020 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

MAY 27 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: AMERI	CAN FINANCIAL MO (Name of Limi	ORTGAGE LLC ited Liability Company)		0
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOU GALLO			
		(Name of Person)		
	AMERICAN FINANCIAL	MORTGAGE LLC		
		(Firm/Company)		>
	1901 E. ATLANTIC AVE			
		(Address)	2	発売
	POMPANO BEACH, FL 33060			SAL
		(City/State and Zip Code)	PH	FOR
For further information c	concerning this matter, please c	all:	08 MAY 23 PH 3: 34	ATENS TENS
LOU GALLO		at (954) 785-3388		
	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	he 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 enclose	ed)
MAIL	ING ADDRESS:	STREET/COURIER	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

OB MAY 23 PH 3: 34

AMERICAN FINANCIAL MORTGAGE 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 Liabilit	ty Company were filed on 7/26/2007	and assigned	
Florida document number L07000077403	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ls, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, I	Florida(Zip Code)	
	(City)	(Zip Couc)	

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 Mémbers 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NICHOLAS F. GALLO	1901 E. ATLANTIC AVE POMPANO BEACH, FL 33060	Add Remove
			- n
			Add Remove
			— n
			Add Remove
			AddRemove
D. If amend	ding any other information, enter o	change(s) here: (Attach additional sheets, if neo	cessary.)
_			SECRETAR DIVISION OF C
Dated	5/20/08	MA:	CORPORATIONS 3 PH 3: 34
	- //0	ember or authorized representative of a member OUIC A A A A A A A A A A A A A A A A A A A	

Page 2 of 2

Filing Fee: \$25.00