L07000017403

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:

L. SELLERS

JUN 2 6 2008

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: AMERI	CAN FINANCIAL S	OLUTIONS, LLC	
		ited Liability Company)	-
,		•	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LESHA ROSARIO		
		(Name of Person)	
AMERICAN FINANCIAL SOLUTIONS, LLC			
		(Firm/Company)	
	1940 SE 2ND ST		
		(Address)	
POMPANO BEACH, FL 33060			
		(City/State and Zip Code)	
For further information of	concerning this matter, please of	call:	·
LESHA ROSARIO		at (954) 785-3388	•
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
		;	
Enclosed is a check for t	he following amount:	•	•
2 \$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 Conv

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



June 12, 2008

LESHA ROSARIO 1940 SE 2ND STREET POMPANO BEACH, FL 33060

SUBJECT: AMERICAN FINANCIAL MORTGAGE LLC

Ref. Number: L07000077403

We have received your document for AMERICAN FINANCIAL MORTGAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6967.

Letter Number: 308A00036182

Leslie Sellers Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN FINANCIAL MORTGAGE, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number L07000077403	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1940 SE 2ND ST
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33060
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	7ALE 2008
	(Enter Florida street address) 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	FF ORM
I hereby accept the appointment as registered agent and agi	ree to act in this capacity. I further agree to comply with

(If Changing Registered Agent, Signature of New Registered Agent)

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 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 **Title** <u>Name</u> <u>Address</u> Type of Action 🗖 Remove Remove Remove 🗂 Add Remove **□** Add Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ___ Signature of a nember or authorized representative of a member LOU GALLO

Page 2 of 2

Nped or printed name of signee

Filing Fee: \$25.00