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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

JUN 12 2008

EXAMINER

Office Use Only



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2000 JUN 11 PH 4: 00 SECRETARY OF STATE TALL & HASSEF FLORION

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Advanc	ed Mortgage Speci	ality LLC			
		ited Liability Company)	<u> </u>		
•					
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Angela McCormack				
		(Name of Person)			
Advanced Mortgage Speciality LLC					
		(Firm/Company)			
	510 English Lake Dr.				
		(Address)			
	Winter Garden, FL 3478	7			
(City/State and Zip Code)					
For further information co	ncerning this matter, please c	all:			
Angela McCormack		at (352) 427-2756			
(Name of	Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for the	e 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



June 2, 2008

ANGELA MCCORMACK 510 ENGLISH LAKE DRIVE WINTER GARDEN, FL 34787

SUBJECT: ADVANCED MORTGAGE SPECIALITY LLC

Ref. Number: L08000042649

We have received your document for ADVANCED MORTGAGE SPECIALITY 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

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: 308A00034269

Leslie Sellers Regulatory Specialist II

Division of Comparations DO BOY 6297 Tallahaggas Florida 29214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2008 JUN 11 PM 2 00

SECRETARY OF STATE
JALLAHASSEE, FLORIDA

Advanced Mortgage Speciality 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 Com	npany were filed on April 28, 2008	and assigned
Florida document number L08000042649		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	eet address)
	, Flori (City)	ida (Zip Code)
	(Cuy)	(Lip 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel McCormack	510 English Lake Dr. Winter Garden, FL 34787	Add Remove
MGR	Carol Opaleski	12145 Cypress Landing Ave. Clermont, FL 34711	Add Remove
			Add Remove
D. If amendin	ng any other information, enter	change(s) here: (Attach additional sheets, if no	ecessary.)
			
Dated June 9	AMCorne Signature of a	2008. Cicl Angle. Wromenber or authorized representative of a member	Control I
_	Angela Catherine	McCormack Typed or printed name of signee	
		Page 2 of 2	STATE LORRIDA

Filing Fee: \$25.00