

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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"o:

Division of Corporations

: (850)617-6383

From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : I20010000146

: (407)571-3900

Fax Number

: (407)571-4390

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME AND MORTGAGE TRUST, LLC

Certificate of Status	1
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## **COVER LETTER**

TO:	Registration S Division of Co					
SURI	ECT:	HOME AND MO	ORTGAGE TRUST, L	LC		
			nited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are su	abmined for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
			LORI ANN LINN			
			Name of Person			
Haddoo			ck Professional Associat	ion		
			Firm/Company			
			University Blvd., Suite 2	18		
			Address			
			nter Park, Florida 32792			
			City/State and Zip Code loril@fullsail.com			
	E-mail address: (to be used for future annual report notification)					
For furt	her information o	concerning this matter, please	call:			
		Lori Linn	at ( 407 )  Area Code & Day	571-3908		
Name of Person		Area Code & Day	time Telephone Number			
Enclose	d is a check for t	he following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	[]\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:			

MAILING 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

FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

10 MAY -6 AM 8: 18

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

	HOME AND MORTO	SAGE GROU	P, LLC	· · · · · · · · · · · · · · · · · · ·		
(Na	me of the Limited Liability Compo (A Florida Limited i	ny as it now appea liability Company)	irs on our records.)			
The Articles of Organization 1	or this Limited Liability Company	were filed on	May 1, 2008	and assigned		
Florida document number	L08000043898					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited liab	ility company he	<u>ге</u> :			
	BALD ROCK MOU	JNTAIN II, LLC	;			
The new name must be distinguing. "L.L.C."	shable and end with the words "Lim	ted Liability Comp	any," the designation "l.	LC" or the abbreviation		
Enter new principal offices a	ddress, if applicable:	<del> </del>				
(Principal office address MU.	ST BE A STREET ADDRESS)		<del></del>			
•						
Enter new mailing address, i						
(Mailing address MAY BE A	POST OFFICE BOX)					
	red agent and/or registered of ew registered office address her		our records, <u>enter tl</u>	e name of the new		
Name of New Regist	ered Agent:					
New Registered Office	ee Address:		_			
		Enter Florida street address				
		, Florida				
		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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action MGR SunGate Florida, LLC 3300 University Blvd., Suite 218 Winter Park, Florida, 32792 ✓ Add Remove ☐ Add Remove  $\square$  Add Remove Add 🔲 Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 5 2010 Dated \_\_\_

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J. BROCK MCCLANE

Typed or printed name of signee

Filing Fee: \$25.00