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SECRETARY OF STATE
ANASSEE, FLORIDA

D. BRUCE

AUG 12 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Pronto	Loan Modifications,I	LLC. ited Liability Company)	
	Amendment and fee(s) are sub		
	Dominick Martinez	(Name of Person)	
		(Firm/Company)	
	16275 SW 88 ST #213	· •	
	Miami,FL 33196	(Address)	OB AUG
For further information of	concerning this matter, please c	(City/State and Zip Code) all:	SSE
Dominick Martinez	of Person)	at (305) 2834020 (Area Code & Daytime T	E. FLORIDA Celephone Number)
Enclosed is a check for t	·		·
□ \$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:		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

Pronto Loan Modifications,LLC.			
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited L	iability Company	were filed on June 27,2008	and assigned
Florida document number L08000062884	<u></u> .		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
American Housing Assistance,LLC.			
The new name must be distinguishable and end wi 'L.L.C."	th the words "Limi	ited Liability Company," the design	F (6) (6)
Enter new principal offices address, if applic	cable:	16275 SW 88 ST. #213	CAH AUG
Principal office address MUST BE A STREI	ET ADDRESS)	MIAMI,FL 33196	SSI
			TER IVI
Enter new mailing address, if applicable:		16275 SW 88 ST #213	PM 12: 1.9 E. FLORID
Mailing address MAY BE A POST OFFICE BOX)		MIAMI,FL 33196	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	ffice address her	e: ST #213 (Enter Florida s	treet address)
	MIAMI		rida 33196
		(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)

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 **Type of Action Address Title** <u>Name</u> MGR LYLIAN MARTINEZ 6564 SW 166 CT. **■** Add Remove MIAMLEL 33193 DOMINICK MARTINEZ MGRM 6564 SW 166 CT. Add T Remove MIAMI.FL 33193 MGR DOMINICK MARTINEZ 16275 SW 88 ST #213 ■ Add MIAMI.FL 33196 Remove □ Add Remove Remove r Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUGUST 8th 2008 Signature of a member or authorized representative of a member DOMINICK MARTINEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00