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	(Requestor's Name)
((Address)
•	(Address)
ě	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
·*·	(Document Number)
Certified Copies	Certificates of Status

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EXAMINER

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SECRETARY OF STATE
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: National	Mortgage Auditing		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Cathy Geliatly		
		(Name of Person)	
	National Mortgage Auditi	ing Group, LLC	
•		(Firm/Company)	
	5193 SW 87 Avenue		
		(Address)	
	Cooper City, FL 33328		
		(City/State and Zip Code)	
For further information cor	ncerning this matter, please c	all:	
Cathy Gellatly		at (954) 816-9148	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Mortgage Auditing Group, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L080000 ()	were filed on July 10, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	1200 S. Rogers Circle, Suite 3	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33487	
Enter new mailing address, if applicable:	1200 S. Rogers Circle, Suite 3	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33487	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the nev
Name of New Registered Agent:		<u>></u>
New Registered Office Address:		C C
	(Enter Florida street add	tress) 7
	(City), Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	·	FLORING F
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	ete performance of my duties, and I a	ım familiar with and

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

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 ∓ Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Alan Piscatelli	3118 Pierson Drive Delray Beach, FL 33483	Add Remove
mgr	Brian K. Korte	2101 Vista Parkway, Suite 104 West Palm Beach, FL 33411	Add Remove
		<u> </u>	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter	change(s) here: (Attach additional sheets, if neces	sary.)
			·
Dated Septem	iber 9	2008	PILI 08 SEP 12 I SECRETARY ALL/HASSE
·	Signature of a Cathy Gellatly	member of authorized representative of a member	PM 1: 46 EE FLORIDA
		Typed or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00