## U8000068001

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT.

Short Sale Facilitators, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen D. Korshak

Name of Person

Korshak & Associates, P.A.

Firm/Company

950 S. Winter Park Drive Ste. 320

Address

Casselberry, Florida 32707

City/State and Zip Code

skorshak@korshaklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Korshak

at (407) 855-3333

Name of Person

Area Code & Daytime Telephone 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)

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

Short Sale Facilitators, LLC		_
( <u>Name of the Limited Liab</u> (A Flori	<mark>ility Company as it now appears on our r</mark> ida Limited Liability Company)	ecords.)
·	• •	
The Articles of Organization for this Limited Liabilit	ty Company were filed on February 1	1, 2012 and assigned
Florida document number L08000068007		
This amendment is submitted to amend the following	5 <del>.</del>	
A. If amending name, enter the new name of the	limited liability company here:	
<u> </u>		
The new name must be distinguishable and end with the	words "Limited Liability Company," the de	
"L.L.C."		
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL		<u> </u>
		7:
		es es
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	)	
	-	
	<u>-</u>	
B. If amending the registered agent and/or re		ds, enter the name of the nev
registered agent and/or the new registered office a	address here:	
Name of New Registered Agent:		***
New Registered Office Address:		
	Enter Florid	a street address
	_	Florida
<del>-</del>	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stephen D. Korshak, Esq.	950 S. Winter Park Drive	Add
		Ste. 352	Remove
		Casselberry, FL 32707	•••
		A CONTRACTOR OF THE CONTRACTOR	Add Remove
			Remove
			Add
			Remove
			Add
			Remove
		<del></del>	Add
			Remove
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)			
Dated June 17 2013			
Stoken D. Kovshah	Se C	2813 [	
Signature of a member or authorized representative of a member	<u></u>	<u> </u>	,
Stephen D. Korshak, Esq.		30	1
Typed or printed name of signee			;
Page 3 of 3		PH 2	
Filing Fee: \$25.00	and the second	շ։	