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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

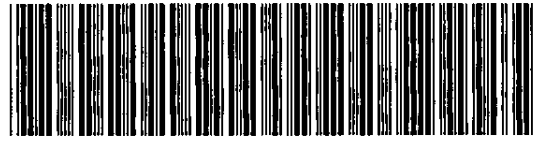
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
MAY 27 2014
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KORSHAK & ASSOCIATES, P.A.
ATTORNEYS AT LAW

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† ALSO ADMITTED IN ILLINOIS

VIA U.S. MAIL

May 23, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

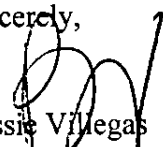
Our Client: Short Sale Facilitators, LLC
Re: Articles of Amendment to Articles of Organization

To whom it concerns:

Please be advised that our office has the pleasure of representing Short Sale Facilitators, LLC in regards to the above referenced matter. Enclosed please find check number 25903 in the amount of Twenty-Five and 00/100 (\$25.00) Dollars to satisfy the processing fee for filing of the Articles of Amendment to Articles of Organization. Please enter same and return a received copy to our office.

Should you have any questions or concerns, please contact our office.

Sincerely,


Bessie Villegas
Legal Assistant

Enclosure

Articles of Amendment to Articles of Organization of Short Sale Facilitators, LLC
Check Number 25903

www.korshaklaw.com

950 S. WINTER PARK DR., SUITE 320, CASSELBERRY, FL 32707

Office (407) 855-3333 Facsimile (407) 855-0455

South Office (By Appointment Only) 13574 Village Park Dr., Suite 235, Orlando, FL 32837

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:

IRENE KORSHAK

Name of Person

SHORT SALE FACILITATORS, LLC

Firm/Company

950 S. WINTER PARK DRIVE SUITE 320

Address

CASSELBERRY, FLORIDA 32707

City/State and Zip Code

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

For further information concerning this matter, please call:

IRENE KORSHAK

Name of Person

at (407) 855-3333

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)

☐ \$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**

SHORT SALE FACILITATORS, 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 Company were filed on JULY 11, 2008 and assigned
Florida document number 262808181.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Korshak & Associates, P.A., c/o Lee Karina Dani, Esq.

New Registered Office Address:

950 S. Winter Park Drive, Ste. 300
Enter Florida street address

Casselberry, Florida 32707
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 605, 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.

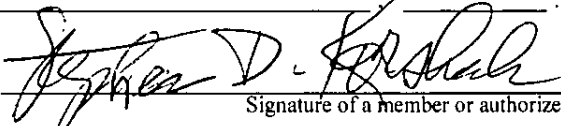

Lee Karina Dani
If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 20 2014



Signature of a member or authorized representative of a member

STEPHEN D. KORSHAK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAY 27 24 05 57
TALLAHASSEE, FLORIDA