L08000080012

Office Use Only



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05/23/11--01015--018 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	BJECT: AMERICAN MORTGAGE FIELD SERVICES, LLC Name of Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.			
Please return all cor	respondence concerning this matte	er to the following:			
		Kim M. Stanfield			
		Name of Person			
The Hogan Law Firm, LLC					
		Firm/Company			
20 So. Broad Street					
		Address			
	8r	Brooksville, Florida 34601			
		City/State and Zip Code			
	kstar	kstanfield@hoganlawfirm.com E-mail address: (to be used for future annual report notification)			
			cation)		
For further informati	ion concerning this matter, please	call:			
	Kim M. Stanfield	at (352)	799-8423		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check f	for the following amount:				
▼ \$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 DIVISION OF CORPORATIONS OF 11 MAY 23 PM 20 55

AMERICAN MORTGAGE FIELD SERVICES, 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 Florida document numberL0800080012	were filed on	08/21/2008	_ 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 "LLC	" or the abbreviation
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 here:	ce address on our	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
· · · · · · · · · · · · · · · · · · ·	, Florida		
	City		Lip 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:

1 4 7 7 7 1

MGR = Manager

MGRM = Managing Member Title Title Name **Address** Type of Action MGR Wendy M. Callaway ☐ Add

✓ Remove PO Box 15510 Brooksville, FL 34604 MGR Wendy Counce PO Box 15510 ✓ Add Brooksville, FL 34604 Remove ☐ Add Remove Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 26 2011 Dated ___ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00