## L08000082912

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
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SECRETARY OF STATE
ANALYSEF FLORIDA

C. LEWIS
12-22-08
EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>REO</u>	Umbrella, LLC			
DOCUMENT NUMBER: <u>L0800</u> 0	0082912			
The enclosed Articles of Amendment as	nd fee are submitted for filing.			
Please return all correspondence concer	rning this matter to the following:			
<del></del>	Daniel Vega (Name of Contact Person)			
(Firm/ Company)				
6460 Miller Drive (Address)				
	(Addicess)			
	Miami, FL 33155 (City/ State and Zip Code)			
For further information concerning this	matter, please call:			
Daniel Vega (Name of Contact Person)	at ( <u>305</u> ) <u>801-6337</u> (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Fee Certificate of State				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301



November 14, 2008

DANIEL VEGA 6460 MILLER DR. MIAMI, FL 33155

SUBJECT: REO UMBRELLA, LLC Ref. Number: L08000082912

We have received your document for REO UMBRELLA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 108A00057291

Carolyn Lewis
Regulatory Specialist II

Division of Cornerations - P.O. ROY 6327 Tallahassaa Florida 22214

## **COVER LETTER**

TQ: Registration Section Division of Corpo			
SUBJECT:	REO Umbre (Name of Limite)	ella UC	
<del></del>	(Name of Limited	d Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are submi	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Danie	(Name of Person)	<del></del>
		(Firm/Company)	TO LITTO DE LA COLLEGA DE LA C
	6460	Miller Drive (Address)	
	Miami	FL 33155 htty/State and Zip Code)	
For further information con-	cerning this matter, please call:		
Daniel Veg	90	at (305) 801- 1033	37
(Name of V	(sesson)	(Area Code & Daytime T	elepnone Number)
Enclosed is a check for the I	following amount:		
\$25.00 Filing Fee  # 42 35  NOW YOUR  NOW YOU WE I'VE I'VE I'VE I'VE I'VE I'VE I'VE I'V	□\$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)
round received in	1 Man.		
Registration of P.O. Box (	on Section of Corporations	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEU

2008 DEC 19 PM 12: 42

BEt Umbo	10 110	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liabi	lla UC lity Company as it now appear da Limited Liability Company)	s on our records.)
		•
The Articles of Organization for this Limited Liability	y Company were filed on $\underline{O}$	3 29 08 and assigned
Florida document number <u>L0300003291</u>	<u>2</u>	1 1
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :
The new name must be distinguishable and end with the vil.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on o ddress here:	ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	/r	A. Flaida A. A. J
	·	ter Florida street address)
	(City)	, Florida (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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGRM Richard L. Barbara Charles Jewett Remove 6460 Miller Drive Miani, Pl 33155 MGRM Remove Add Remove Add Remove T Add Remove ☐ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please amend the address for MGRM, Daniel Vega 6460 Miller Drive, Miami, FL 33155 Dated Mosepho December 18, 2008 Signature of a member of authorized representative of a member Daniel Vega
Types or printed name of signee

Page 2 of 2

Filing Fee: \$25.00