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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
TALL ALLASSEE EL CRIME.

D. BRUCE

DEC - 3 2008-

EXAMINER

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	TCHISON Mo (Name of Lim	MACLAGE & Reited Liability Company)	nassund M
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Riching Ruskin,	(Name of Person) (Firm/Company) (Address) (City/State and Zip Code)	A Processing LL
For further information of	concerning this matter, please c	all:	PEC PEC F
ENIAS	SAM	at (<u>HS) 1137. W</u>	time Telephone Number)
(Name	of Person) he following amount:	(Area Code & Day)	time Telephone Number)
25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2008

ERICA SAVOY 207 SMOKEY HILL AVENUE RUSKIN, FL 33570

SUBJECT: HUTCHISON MORTGAGE & PROCESSING LLC

Ref. Number: L08000097779

08 DEC -3 PH 3: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HUTCHISON MORTGAGE & PROCESSING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 808A00058248

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

markall assidnth	LPRIKESSIM !	. 21
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1880 (1977).	were filed on WIIIANS	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
enaitulae naentatuit		OSET
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same address	ARY SSEE
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same address	23 23
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street ad	dress)
····	, Florida	
	(City)	(Zin 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 of Managing Member being added or removed from our records:

MGR ≐ Manager

MGRM = Managing Member <u>Title</u> **Type of Action** Name **Address** ☐ Add Remove Remove Add Remove ☐ Add Remove _ Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) gnature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00