

LD8000102127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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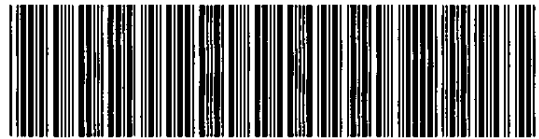
Special Instructions to Filing Officer:

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MAR 13 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: US FEDERAL LOAN AUDITS, 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:

NIDIA BORGE
(Name of Person)

US FEDERAL LOAN AUDITS, LLC
(Firm/Company)

6625 MIAMI LAKES DRIVE, SUITE #421
(Address)

MIAMI LAKES, FLORIDA 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

NIDIA BORGE at (305-) 754-1017
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

US FEDERAL LOAN AUDITS, 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 10/31/2008 and assigned
Florida document number L08000102127.

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:

NIDIA BORGE

New Registered Office Address:

6625 MIAMI LAKES DRIVE, SUITE #421

(Enter Florida street address)

MIAMI LAKES

(City)

Florida 33014

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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FLORIDA
SECRETARY OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
R.A	JOSE DIAZ	520 SW 98 COURT MIAMI, FLORIDA 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	JOSE DIAZ	520 SW 98 COURT MIAMI, FLORIDA 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	WILLIAM A. ZEPEDA	1850 S. OCEAN DRIVE #1707 HALLANDALE BEACH, FLA 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAFAEL A. BORGE	9080 NORTH MIAMI AVENUE EL PORTAL, FLORIDA 33150	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

3/4/09

Rafael A. Borge

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 12 AM 8:25

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