

**L08000107528**

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(City/State/Zip/Phone #)

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**09 AUG 24 AM 11:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Complete REO Service, 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:

Jaclyn Meador

Name of Person

Complete REO Service, LLC

Firm/Company

13194 US HWY 301 S #159

Address

Riverview, FL 33578

City/State and Zip Code

Info@completereoservice.com

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

For further information concerning this matter, please call:

Jaclyn Meador

Name of Person

at ( 813 )

335-1413

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

**FILED**  
09 AUG 24 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Complete REO Service, 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 11/17/2008 and assigned  
Florida document number L08000107528.

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)

9114 Kentucky day Court

Gibson-ton, FL 33534

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13194 US HWY 301 S #159

Riverview, FL 33578

**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:

Jaclyn Meador

New Registered Office Address:

9114 Kentucky Day court

*Enter Florida street address*

Gibson-ton

, Florida

33534

*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 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

08/21/09

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>
MGRM	Ryan Meador	9114 Kentucky Day Court Gibsonton, FL 33534	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jaclyn Meador	9114 Kentucky Day Court Gibsonton, FL 33534	<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
			<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

02/21/09



Signature of a member or authorized representative of a member

Jaclyn Bautista Meador

Typed or printed name of signee

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