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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

AUG 2 4 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co		•	•	
SUBJE	ECT:	BNB MC	ORTGAGE LLC		
	<u> </u>	· Name of Limi	ted Liability Company		
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			KURT BIEREK		
			Name of Person		
		В	NB MORTGAGE LLC		
<del></del>			Firm/Company	<u> </u>	SE SE SE
812			2 PINELLAS STREET		NIG 21 H
			Address		器之片
		CLI	EARWATER, FL 33756		TILEU 2009 AUG 21 AM 11: 07 SECRETARY OF STATE SECRETARY OF FLORID
			City/State and Zip Code	···	150
		KB	IEREK@GMAIL.COM to be used for future annual report notific	ation)	DA T
For fur	ther information	concerning this matter, please c	,	unony	
		JRT BIEREK		53-3845	
	Name o	of Person	Area Code & Daytime	Telephone Number	
Enclose	ed is a check for t	the following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MAILING ADDRESS: Registration Section			STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ORTGAGE LLC			
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)		
(**************************************	,			
The Articles of Organization for this Limited Liability Co	ompany were filed on	11/20/2008	and assigned	
Florida document numberL08000107789	<u>.</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			72	
(Principal office address MUST BE A STREET ADDR	ESS)	ALI	7009 T	
		ÀH	RE US	
	<u> </u>	20	AR 2	
Enter new mailing address, if applicable:		r	THE THE	
(Mailing address MAY BE A POST OFFICE BOX)			755 = 0	
in a sure of the s	<u> </u>		II: 07	
	<del> </del>		7	
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, <u>enter t</u>	ne name of the new	
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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

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 **Type of Action** Title **Name** Address MGRM ELIZABETH CURRIER 812 PINELLAS STREET ✓ Add CLEARWATER FL 33756 Remove \_\_ Remove  $\prod$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 19 2009 Dated\_ Signature of a member or authorized representative of a member **KURT BIEREK** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00