

L080000110044

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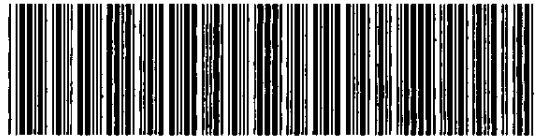
Special Instructions to Filing Officer:

**A. LUNT**

JAN - 4 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Reliable Mortgage Modification, 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:

Marie McAllister

Name of Person

Reliable Mortgage Modification, LLC

Firm/Company

9858 Clint Moore Rd C111-246

Address

Boca Raton, FL 33496

City/State and Zip Code

mm@reliablemm.com

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

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For further information concerning this matter, please call:

Marie McAllister

Name of Person

at ( 561 )

542-3588

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**

Reliable Mortgage Modification, 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 12/1/2008 and assigned  
Florida document number L08000110044.

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)

9858 Clint Moore Rd C111-246

Boca Raton, Florida 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9858 Clint Moore Rd C111-246

Boca Raton, FI 33496

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**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: Marie McAllister

New Registered Office Address: 9858 Clint Moore Rd C111-246

*Enter Florida street address*

Boca Raton

Florida

33496

*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.*

Marie McAllister  
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>
Preside	Michael Lebo	18809 Mariner Inlet Dr Boca Raton, FL 33498	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Preside	Marie McAllister	9858 Clint Moore Rd C111-246 Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 11/11/10, 2010.

Marie McAllister  
Signature of a member or authorized representative of a member

MARIE McALLISTER  
Typed or printed name of signee