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G. MCLEOD

JAN 21 2009

**EXAMINER** 



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DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Service Division of Con		Δ	ı				
SUBJECT:	Federal For (Name of Limi	reclosure Conted Liability Company)	unseling, U				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	Ellen	(Name of Person)					
•	Federal 7	Fore Closure Co (Firm/Company)	vinseling. 11c				
	4900 mi	llenia Blvd (Address)	Suite 101				
	Orlando	City/State and Zip Code)	9				
For further information concerning this matter, please call:							
Ellen	Manni of Person)	at (407) 342 - (Area Code & Daytime T	182) elephone Number)				
Enclosed is a check for	the following amount:						
\$25.00 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)				

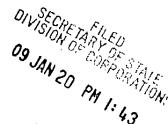
MAILING ADDRESS:

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



AKTIC	OI	F	• •0	PM ATION.			
Federal Foredosone Counseling 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 Liab Florida document number <u>LOSOO</u>	ility Company	1		$\infty$ and assigned			
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ed Liability Company,"	the designation '	'LLC" or the abbreviation			
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		4900 M Orlando		Blud 32839			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	)X)	W 0019 19561 W	<u>codmons</u>	- PL FL 34786			
B. If amending the registered agent and/or		<del></del>	· · · · · · · · · · · · · · · · · · ·				
registered agent and/or the new registered offic			records, <u>enter</u>	the name of the new			
Name of New Registered Agent:  New Registered Office Address:		EN M. L WOODMON (Enter		ddress)			
	WINDER	MERE	, Florida _	34786			

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 affice 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

Title **Name Address Type of Action** RALPH RAMPULLA OPERATING FUEN Remove MANAGING MANAAING MEMBEL Remove MANAGING MEMBER Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00