

LD8 000116823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

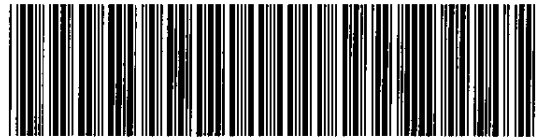
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TALLAHASSEE, FLORIDA

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T. CLINE

MAR - 3 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FEDERAL FORECLOSURE COUNSELING 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:

RALPH RAMPULLA  
(Name of Person)

FEDERAL FORECLOSURE COUNSELING LLC  
(Firm/Company)

4900 MILLENIA BLVD SUITE 101  
(Address)

ORLANDO, FL 32839  
(City/State and Zip Code)

For further information concerning this matter, please call:

RALPH RAMPULLA at (407) 860-8865 or (407) 608-5644  
(Name of Person) (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

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TALLAHASSEE, FL  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FEDERAL FORECLOSURE 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 Liability Company were filed on Dec 24, 2008 and assigned Florida document number L08000116823.

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)

4900 MILLENIA BLVD SUITE 101  
ORLANDO, FL 32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4900 MILLENIA BLVD SUITE 101  
ORLANDO, FL 32839

**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:

RALPH RAMPULLA

New Registered Office Address:

8156 BOAT HOOK LOOP UNIT 628

(Enter Florida street address)

WINDERMERE  
(City)

Florida 34786  
(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.

Ralph Rampulla  
(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
MGR	RALPH RAMPULLA	8156 BOAT HOOK LOOP UNIT 628 WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ELLEN M. NANNI	9660 WOODMONT PL WINDERMERE, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RALPH RAMPULLA	8156 BOAT HOOK LOOP SUITE 628 WINDERMERE, FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JASPER C. REED SR	7918 BRIDGESTONE DR ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DONALD TOWNSEND	PO BOX 276 GOTHA, FL 34734	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated

2/23, 2009

Signature of a member or authorized representative of a member

ELLEN M. NANNI DONALD TOWNSEND

Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT