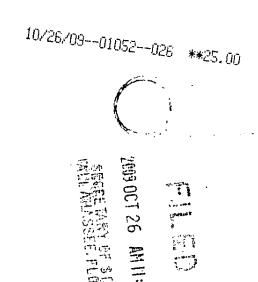
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T. CLINE

OCT 2 7 2009

EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	MORTO	GAGEBID, LLC			
300an201.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matte	r to the following:			
	CRISTY CAMPBELL				
Name of Person				-	
Firm/Company				-	
PO BOX 608066					
		Address			
ORLANDO, FL 32860				2009 OCT 26 SECRETARY	November of
	CACAMF	City/State and Zip Code CACAMPBELL@TPCFLORIDA.COM			
For further information c	E-mail address: (concerning this matter, please)	to be used for future annual report n	otification)	AMII: 28	ALL MAN
CRIS'	TY CAMPBELL	at (_407_)	284-4325		
Name o	of Person	Area Code & Day	time Telephone Numbe	J.	
Enclosed is a check for the	he following amount:				
▼ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &	ed)
MAILING ADDRESS: Registration Section		STREET/COU	JRIER ADDRESS:		

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**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	uv as it now annea				
(A Fronta Ennied :	Jability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	01/21/2009	a	ınd assig:	ned
Florida document numberL0900006921					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :			
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Comp	any," the designation	"LLC"	or the abb	previation
Enter new principal offices address, if applicable:	2611 TECHN	IOLOGY DRIVE	man).	٢٦	
Principal office address MUST BE A STREET ADDRESS)	SUITE 220		127 (177 177 (177) 127 (178) 127 (178)	(31) (43)	- 19,00
	ORLANDO,	FL 32804	建門)CT	# E
	DO DOV 300	000	語	26	
Enter new mailing address, if applicable:	PO BOX 608	066	11	=	· · · · ·
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, 1	FL 32860-8066	214	25	
	·		21.27		
If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the na	ame of	ine new
Name of New Registered Agent:					
·	***************************************				
New Registered Office Address:	ter Florida strect a	ddress			
	, Florida				
	City	,	Zij	o Code	

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 Address Type of Action Title Name MGRM ATUM, LLC 13506 SUMMERPORT VILLAGE ✓ Add PARKWAY, UNIT 222 Remove WINDERMERE, EL 34786 \square Add Remove ☐ Add Remove Add Remove - exald 26 Aud JRemove (__ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ATUM, LLC OWNS 100% OCTOBER 15 Dated ignature of a member or authorized representative of a member ROSS TOPPING, MANAGING MEMBER OF ATUM, LLC
Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00