

209000019431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

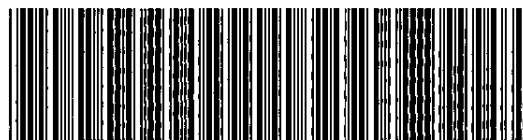
(Business Entity Name)

(Document Number)

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10 JUL -2 PM 12:21
CLERK OF STATE
JUL 2 2010

D. BRUCE
JUL 06 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Certified Loan 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:

Robert Zoba & Richard Garcia

Name of Person

Z & G Consulting Group LLC.

Firm/Company

3601 SW 21 ST

Address

FORT LAUDERDALE FL 33312

City/State and Zip Code

richgarcia4@gmail.com

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

For further information concerning this matter, please call:

Richard Garcia

Name of Person

at (**954**)

Area Code & Daytime Telephone Number

864-0243

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

FILED
10 JUL - 2 PM 2:22
TALLAHASSEE, FL 32301
STATE OF FLORIDA

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

Certified Loan 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 2/26/2009 and assigned
Florida document number L09000019431.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Z & G Consulting Group LLC

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)

Z & G Consulting Group LLC

3601 SW 21 ST

FORT LAUDERDALE FL 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Z & G Consulting Group LLC

3601 SW 21 ST

FORT LAUDERDALE FL 33312

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:

N/A

New Registered Office Address:

N/A

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

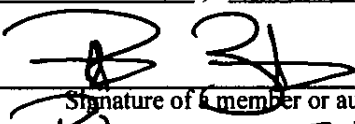
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Robert Zoba	2650 S. Course DE #301 Pompano Beach FL 33065	☐ Add ☒ Remove
MBR	Robert Zoba	7022 NW 38 MNR Coral Springs FL 33065	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

FILED
10 JUL - 2 PM 22
CLERK OF DISTRICT COURT
STATE OF FLORIDA

Dated _____,



Signature of a member or authorized representative of a member
Robert Zoba

Typed or printed name of signee