L09000055382

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(Ad	ldress)			
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TALLAHASSEE, FLORIDA

B. KOHR

AUG 1 2 2009

EXAMINER

COVER LETTER

Division of Col	porations			مع بشيه
SUBJECT:	Short Sal	le Mitigation LLC		,
	Name of Lim	ited Liability Company		
			· 1	TO BE
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		To the second
Please return all correspo	ndence concerning this matter	r to the following:		OS NIG TO THE FLORID
		Nadia Khan		Br.
		Name of Person		Age of the second
	Firm/Company			
	1036 N. Pine Hills Rd			
		Address		
		Orlando, FL 32808		
•		City/State and Zip Code		
	D mail address.	nkhan@blanspr.com (to be used for future annual report	notification)	
For further information of	concerning this matter, please		iomeanony	
	ladia Khan	at (_407_)	291-1305	
Name o	f Person	Area Code & Da	ytime Telephone Numbe	r
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified	ate of Status &

MAILING ADDRESS:

Registration Section

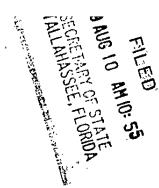
TO:

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



Short Sale Mitigation 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 or	7/10/2009	and assigned	
Florida document numberL0900055382			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compan	y here:		
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	Company," the designation "LLC	or the abbreviation	
Enter new principal offices address, if applicable:	126	09 1	
(Principal office address MUST BE A STREET ADDRESS)		6 7	
Enter new mailing address, if applicable:		97 %	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the	name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> **Address Type of Action** Name **MGRM** Khan, Aneeza 709 Cascading Creek Ln Winter Garden, FL 34787 ✓ Add ☐ Remove □ 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.) Dated ___

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00