Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6383	FILED JAN 21 AM PRETARY OF ANASSEE.
From:	Account Name : PREMIER CORPORATE SERVICES INC Account Number : 120080000023 Phone : (651)225-9500	8: 25 STATE FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE FISHER GROUP MORTGAGE FUND LLC

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Corporate Filing Menu

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1/21/2010

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PREMIER CORP SERVICE

NO. 2112 F

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10 JAN 21 AM 8: 25

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Fisher Group M (Name of the Umited Liability Compar (A Florida Limited L	ortgage Fund	LLC	
(A Florida Limited L	iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	8/24/2009 and assigned	
Florida document numberL09000081540			
This amendment is submitted to amend the following:			
A. If smending name, enter the new name of the limited liabi	ility company here:		
The Fisher Group Opportur	nistic income Fur	nd LLC	
The new name must be distinguishable and end with the words "Limb" "L.L.C."	ted Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice uddress on ou E:	r records, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of provided for in Cha	f my duties, and I am familiar with an apter 608, F.S. Or, if this document is	

Page 1 of 2

If Changing Registered Agent, Signature of Naw 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:

MGRM = N	Managing Member		
<u>Fitle</u>	<u>Name</u>	Address	Type of Action
			Retinove
	<u> </u>		Remove
····			Add Remiove
			Remove
			Remove
			
D. Ifamen	ding any other information, enter chang	(c(s) here: (Attach additional sheets, if necessar,	w)
			FILED JAN 21 AV RETARY OF LAHASSEE,
Dated		0,10	8: 25 STATE FLORIDA
	-	r or authorized representative of a member	
	Susan R. McMas	ster, Authorized Representative or printed name of signee	

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Filing Fee: \$25.00