L09000092616

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SECRETARY OF STATE
TALL AHASSEF, FLORID.

J. BRYAN TOT 1 1 4 2889

J. BRYAN

NOV 23 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SHRJI	ECT:	Forclosures	Relief Group, LLC		
BODG:			ted Liability Company		
		f Amendment and fee(s) are sub condence concerning this matter	\$		09 NON SECRE
			Deborah J. Kling Name of Person		09 NOV 20 PM 1: 33 SECRETARY OF STATE TALL AHASSEE. FLORID
Forec		Forec	closures Relief Group, LLC Firm/Company		1:33 STATE LORIDA
1			520 Sugarwood Circle		
		W	Vinter Park, FL 32792		
		E-mail address: (City/State and Zip Code lamonda@kglc.com to be used for future annual report notif	ication)	
For fur	ther information	concerning this matter, please of	eall:		
		borah J. Kling of Person	at (407) Area Code & Daytim	463-2000 te Telephone Number	
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified (of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2009

DEBORAH J. KLING FORECLOSURES RELIEF GROUP, LLC 1520 SUGARWOOD CIRCLE WINTER PARK, FL 32792

SUBJECT: FORCLOSURES RELIEF GROUP, LLC

Ref. Number: L09000092616



We have received your document for FORCLOSURES RELIEF GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P08000109587, THE FORECLOSURE RELIEF GROUP CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 709A00033169

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Forciosures Relief Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A F	iorida Limited Liability Compar	iy)	哥哥	
The Articles of Organization for this Limited Lial Florida document number L090000926		September 24, 2009	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company	here:		
Fore	closures Relief Team, LL	.C		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
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 = Mark	anager Managing Membe	r			
<u>Title</u>	<u>Name</u>		Address		Type of Action
					Add Remove
					Add Remove
*					Add Remove
	.,				Add Remove
					Add Remove
					Add Remove
D. If amen	ding any other inf	ormation, enter chan	nge(s) here: (Attach addition	al sheets, if necessary.)	_
_					OS NOV
Dated	1/20/09		<u></u>	SEE, FLORIG	FILED 09 NOV 20 PH 1:33 SECRETARY OF STATE
		Signature of a member	er or authorized representative	of a member	<u> </u>
			Deborah J. Kling od or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00