

L09 000105316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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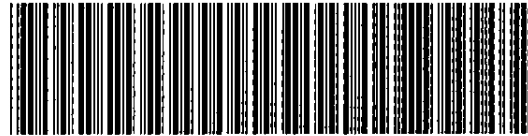
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 3 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FORECLOSURE MANAGEMENT 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:

HUMBERTO GONZALEZ CORREA

Name of Person

FLORIDA FORECLOSURE MANAGEMENT LLC

Firm/Company

9858 GLADES ROAD #184

Address

BOCA RATON, FL 33434

City/State and Zip Code

olsak@bellsouth.net

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

For further information concerning this matter, please call:

HUMBERTO GONZALEZ CORREA

Name of Person

at (305)

244-9169

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

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

FLORIDA FORECLOSURE MANAGEMENT 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 NOVEMBER 02, 2009 and assigned Florida document number L09000105316.

This amendment is submitted to amend the following:

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

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)

9858 GLADES ROAD

SUITE #184

BOCA RATON, FL 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9858 GLADES ROAD

SUITE #184

BOCA RATON, FL 33434

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:

HUMBERTO GONZALEZ CORREA

New Registered Office Address:

9858 GLADES ROAD #184

Enter Florida street address

BOCA RATON

Florida

33434

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.

HUMBERTO GONZALEZ CORREA
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>
MGRM	HUMBERTO GONZALEZ C	9858 GLADES ROAD SUITE #184 BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HUMBERTO GONZALEZ C	6304 POWERLINE ROAD FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -2 AM 11:34

FILED

Dated NOVEMBER 30 , 2010

HUMBERTO GONZALEZ CORREA
Signature of a member or authorized representative of a member

HUMBERTO GONZALEZ CORREA

Typed or printed name of signee