

# L09000119565

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

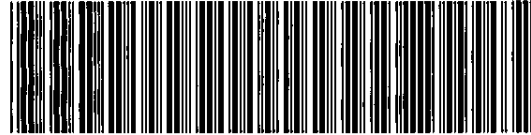
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY 24 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNITED MORTGAGE FIELD SERVICES, 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:

Kim M. Stanfield

Name of Person

The Hogan Law Firm, LLC

Firm/Company

20 So. Broad Street

Address

Brooksville, Florida 34601

City/State and Zip Code

kstanfield@hoganlawfirm.com

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

For further information concerning this matter, please call:

Kim M. Stanfield

Name of Person

at ( 352 )

799-8423

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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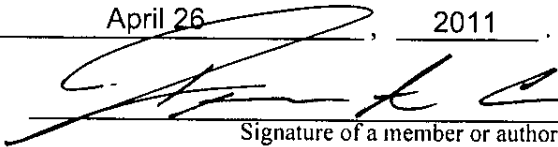
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                        | <u>Type of Action</u>                                                      |
|--------------|-------------------|---------------------------------------|----------------------------------------------------------------------------|
| MGR          | Wendy M. Callaway | PO Box 15510<br>Brooksville, FL 34604 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Wendy Counce      | PO Box 15510<br>Brooksville, FL 34604 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                   |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                   |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated April 26, 2011

  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

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