

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: STOLZENBERG, GELLES & FLYNN, LLP Account Name

Account Number : I201000001B : (305)961-1450 Phone

Fax Number : (305)373-2735

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRUCTURED ASSET HOLDINGS, LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$60.00 |

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Corporate Filing Menu

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5/31/2011

P.002/003

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRUCTURED ASSET HOLDINGS, LLC

| (Name of the Limited) (A) | lability Company as it now appears on o forks Limited Liability Company) | ar records.) | |
|--|---|--|--|
| The Articles of Organization for this Limited Lia | | nber 29, 2009 and assigned | |
| Florida document number L09000122 | <u>763 </u> | | |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liability company here: | | |
| | Lump Sum Holdings, LLC | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liablilty Company," t | ne designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | ADDRESS | | |
| | | | |
| Eater new mailing address, if applicable: | | | |
| (Mailing oddress MAY BE A POST OFFICE B | <u></u> | | |
| 75. VII VI VII VIII VII | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered off | | scords, sover the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | , Flortda | |
| | Clty | Zip Code | |

Now 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

Page 1 of 2

MGR = Managar

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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:

| | Name | Address | Type of Action |
|---|--|--|--|
| | | | Add Remove |
| | | | ************************************** |
| | | | Add Remove |
| | | | Add |
| | | | Add Remove |
| | | | AddRemove |
| *************************************** | | | Add |
| amen | ding any other information, enter chan | nge(s) liere: (Attach additional sheets, if necessar | TI MAY 31 |
| | | | — 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. |
| · | Ma | | • |
| | Signature of a memb | er or authorized representative of a member | |

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Filing Fee: \$25.00