## L1000008642

(Req	uestor's Name)	•		
(Addi	ress)			
(Addi	ress)			
(Addi				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
/Rusi	ness Entity Name	<u> </u>		
(503)	ness Entry Warne	<i>?</i>		
(Doc	ument Number)	•		
Certified Copies	Certificates of	of Status		
٠.				
Special Instructions to Filing Officer:				
		•		
		]		
		1		
<u> </u>				

Office Use Only



400174424234

04/05/10--01064--016 \*\*25.00

FILEU
10 APR -5 PH 2: 07
SECRE LARY OF STATE
SECRE LARY OF STATE

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations				
SUBJECT:	Macau Default A	cquisition Servicing LLC		
Name of Limited Liability Company				
	f Amendment and fee(s) are sub condence concerning this matter	_		
		Nils Manzieri		
	Name of Person			
	Macau Default Acquisition Servicing LLC		C	
		Firm/Company		
1760 SW 23 Terrace				
Address				
Miami, Florida 33145				
		City/State and Zip Code		
	macau63st@yahoo.com  E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please c	·	(VA)	
	, , , , , , , , , , , , , , , , , , ,			
	Nils Manzieri		02-5782	
Name	of Person	Area Code & Daytime To	elephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 APR -5 PM 2: 07

SECRETARY OF STATE

rds.)

Macau Default Acqu	isition Servicing LLC ALLAHASSE OF STATE
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	lisition Servicing LLC TALLAHASSEE, FLORIDA. Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document numberL1000008642	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin "L.L.C."	nited 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:	1760 SW 23 Terrace
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33145
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

**Title** Address Type of Action **Name** MGR Nelson Hernandez PO BOX 651297 ☐ Add √ Remove Miami, Florida 33265 Nils Manzieri MGRM 1760 SW 23 Terrace ✓ Add Remove Miami, Florida 33145 \_ Add ☐ Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 31 Signature of a member or authorized representative of a member Nelson Hernandez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00