# L1000034643

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C. LEWIS

APR & 2010

EXAMINER

### **COVER LETTER**

TO:	Registration Section  Division of Corporations **
.' SUBJI	ECT: * KalbMortgage Solutions LUC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Edvardo Kalb
	Mame of Person  RalbMortsaseSolutions LLC  Firm/Company
	3121 NE ZIO TERR-
	City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:  Edvarde Kalb  at 305, 332-2405  Name of Person  Area Code & Daytime Telephone Number
1	sed is a check for the following amount:  5.00 Filing Fee \$\begin{array}{c} \$\$30.00 Filing Fee & \begin{array}{c} \$\$55.00 Filing Fee & \begin{array}{c} \$\$\$60.00 Filing Fee, \\ Certificate of Status & \text{Certified Copy} & Certificate of Status & \text{Certified Copy} & Certified Copy} & (additional copy is enclosed)    Certified Copy & Certif

#### **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

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

mil ED

J.E.	OF	FILEU
	ortsase Solutions d Liability Company as it now appears on A Florida Limited Liability Company)	
		TAI LAHASSEE, PLURIUM
The Articles of Organization for this Limited I	Liability Company were filed on	ch 30, 7010 and assigned
Florida document number <u>L10000</u>	<u> 2346</u> 43	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
KalbAdvisors The new name must be distinguishable and end w	Mortage Solution	is UC
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:	the state of the s	
New Registered Office Address:	Frier l	Florida street address
	Emer I	
	City	, Florida 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 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: ATTN: Carolyn Lewis MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Address</u> Name | Add 🔲 Remove Add Remove ☐ Add □ Remove ☐ Add Remove ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) KalbMortage Solutions U.C. 4 ZO10 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00