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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR 12:2011

EXAMINER

COVER LETTER

TO:

Registration Section

Divisio	n of Corpo	rations							
SUBJECT:		REC) Proz, LL	С					
			ited Liability Co	отрапу					
The enclosed Ar	ticles of An	nendment and fee(s) are sul	bmitted for filin	g.					
Please return all correspondence concerning this matter to the following:									
	Nicole Cook								
			Name of I	Person					
REO Proz, LLC									
	Firm/Company								
6017 Pine Ridge Rd, Ste 122									
			Addre	SS					
			Naples, FL	. 34119					
		<u> </u>	City/State and	Zip Code					
	administrator@reoproz.net E-mail address: (to be used for future annual report notification)								
				ure annuai report notiii	ication)				
For further infor	mation cond	cerning this matter, please of	call:						
	Amy	Reynolds	at (_30	05)	999-7609				
Name of Person		Area Code & Daytime Telephone Number							
Enclosed is a che	eck for the t	following amount:							
\$25.00 Filing	g Fee [\$30.00 Filing Fee & Certificate of Status	Certifie	iling Fee & d Copy nal copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Registration of P.O. Box	of Corporations		STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle				

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

FILED

11 APR 11 PM 2: 16

(<u>Name of the Limited Li</u> (A Fl	REO Proz, LLC ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document numberL1100001693		2/8/2011 and assigned
This amendment is submitted to amend the follows. A. If amending name, enter the new name of the		:
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compar	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	•	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	er Florida street address
_		, Florida
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** MGR **Amy Reynolds** 130 1st St. NW Naples, FI 34120 ✓ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated	April 8th	o n
	Signature of a member or authorized representative of a member Nicole K Cook Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00