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(Requestor's Name)	
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PICK-UP WAIT MAIL	-
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(Document Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
CUDI	Investment I	Mortgage Consultants, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Maria L Ortega		
			Name of Person	
		Investment Mortgage Cons	sultants, LLC	
•			Firm/Company	
٠		2702 SW 140 Avenue		
			Address	
		Miami, Florida 33175		
			City/State and Zip Code	
		maria.ortega@411inic.com	16.6	
For fur	rther information ec	n-mail address: (i	to be used for future annual report notiful:	ication)
Maria	Lissette Ortega		at () 804-4085 Area Code Daytime	
	Name of	Person	Area Code Daytim	2 Telephone Number
Enclos	ed is a check for the	e following amount:		
\$ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Investment Mortgage Consultants,			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L	iability Company	were filed on 02/16/2011	and assigned
Florida document number L11000021156			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	8181 NW 36 Street, Unit	15
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Doral, Florida 33166	
Enter new mailing address, if applicable:		2702 SW 140 Avenue	20 20 1
Mailing address MAY BE A POST OFFICE	BOX)	Miami, Florida 33175	A STATE OF THE STA
			23500
3. If amending the registered agent and egistered agent and/or the new registered o	•		cords, enter the name of the ne
Name of New Registered Agent:			₹" 5
	2702 SW 140 Z	Avenue	.
New Registered Office Address:	2702.537.1407	Enter Florida street e	address
	Miami		_, Florida 33175
		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 605, 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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = . N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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an effective date is listed,	the date must be specif	fic and cannot be pri	or to date of filing or	more than 90 days aft	er filing.) Pursuant to	605.020
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00