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J. SAULSBERRY EXAMINER SEP 14 2012

COVER LETTER

	Division of Corpo				
SUBJEC	T:	FLORIDA MOR	TGAGE CHOICE, LI	LC	
, Sebulc			ted Liability Company		
The enclo	osed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspond	lence concerning this matter	to the following:		
			GREG PESETSKY		
	Name of Person				
	FLORIDA MORTGAGE CHOICE, LLC Firm/Company				
		4004 C LIN	IIVEDOITY DDIVE OU	ITE 121	
4801 S UNIVERSITY DRIVE, SUITE 131 Address					
		5			:
DAVIE, FLORIDA 33328 City/State and Zip Code			9112 Sec		
	INFO@FLORIDAMORTGAGECHOICE.COM				F 11. 2012 SEP 13 SECRUTARY
		E-mail address: (to be used for future annual report	notification)	SSET 3
For furth	ner information cor	ncerning this matter, please of	call:		EP 13 AH 9 CLIARY OF STANKSSEEL FLO
	GREG	PESETSKY	at (_786_)	202-8107	<u> </u>
	Name of F	Person	Area Code & D	aytime Telephone Number	DE X
		C.II.			
		following amount:	TIMES OO Filing Foo &		ing Foo
₹ 325.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &
		IG ADDRESS: ion Section	STREET/CO Registration S	DURIER ADDRESS: Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

t . .

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA N (Name of the Limited Liab (A Flori	MORTGA ility Compai ida Limited L	AGE CHOICE, ny as it now appears liability Company)	LLC on our records.)	·			
The Articles of Organization for this Limited Liabilit Florida document number		were filed on	07/29/2011	and assign	ed		
This amendment is submitted to amend the following	j :						
A. If amending name, enter the new name of the	limited liab	ility company here:	:				
FLORIDA MORTGAGE CHOICE, LLC							
The new name must be distinguishable and end with the "L.L.C."	words "Limi	ted Liability Company	y," the designation '	'LLC" or the abbi	reviation		
Enter new principal offices address, if applicable:		4801 S UNIVERSITY DRIVE, SUITE 1,31					
(Principal office address MUST BE A STREET AL	ODRESS)	DAVIE, FLORI	DA 33328	SECRE AF	17		
Enter new mailing address, if applicable:			SERVICE AS	_ <u>[]</u>			
(Mailing address MAY BE A POST OFFICE BOX			M S 3				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		<u>e</u> :	r records, <u>enter</u>	the name of t	he new		
	4004 C LINIVEDOITY DOINE CHITE 404						
New Registered Office Address: 48	Enter Florida street address						
		DAVIE	, Florida	33328			
	,	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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Name Address **Type of Action** MICHAEL S. STERNFIELD MGRM 4801 S UNIVERSITY DR., SUITE 131 ✓ Add DAVIE, FLORIDA 33328 Remove MGR DEAN LAUDERMILK 5210 S UNIVERSITY DR., SUITE 104 DAVIE, FLORIDA 33328 ✓ Remove **MGRM GREG PESETSKY** 4801 S UNIVERSITY DR., SUITE 131 DAVIE FLORIDA 33328 Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE REGISTERED AGENT IS THE SAME NAME BUT DIFFERENT ADDRESS; WHICH WE HAVE LISTED ABOVE SEPTEMBER 5TH 2012 Dated Signature of a member or authorized representative of a member **GREG PESETSKY** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00