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COVER LETTER

Division of Corporations
SUBJECT: Ultimate MORTGAGE Connection Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Rioux Name of Person 1714 1714 1715
Ultimate MORTGAGE Connection Firm/Company
2400 NE 65th St #210
Fort Lauder dale Fl 33308 City/State and Zip Code
Fast mortgages 4 u e amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Rioux at (561) 400 9478 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certifica

MAILING ADDRESS:

TO:

Registration Section

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

(À Florida Limited Liabili	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on 11 07 2011 and assigned
Florida document number <u>L 1000 1282</u> 1 Lo	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Change of Address The new name must be distinguishable and contain the words "Limited Liability Co	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	4DI SW 40 th St #326 Nami FL 33165 address on our records, enter the name of the new
New Registered Office Address: Z400 NE	Enter Florida street address Oder dale, Florida City Zip Cody
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete pery accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office add company has been notified in writing of this change.	o act in this capacity. I further agrée to contyly with the formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is

If 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 = M $AMBR = A$	Manager ' Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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		Signa	fure of a	nember or auth	orized repres	entative of a	member		

Page 3 of 3

Filing Fee: \$25.00