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B. BOSTICK
DEC 1 1 2012
EXAMINER

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

CÖNSUMER MORTGAGE NETWORK, LLC

SUBJECT:

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:

# **KURT BIEREK**

Name of Person

CONSUMER MORTGAGE NETWORK, LLC

Firm/Company

611 S FORT HARRISON AVE #383

Address

CLEARWATER, FL 33756

City/State and Zip Code

KBIEREK@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KURT BIEREK** 

Name of Person

\_,813 **,453-384**5

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount:

■ \$25.00 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

## CONSUMER MORTGAGE NETWORK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 5/21/2012	_ and assigned
Florida document number L12000068602		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		200
	A A	8 -1
	AS:	
Enter new mailing address, if applicable:		- 11
(Mailing address MAY BE A POST OFFICE BOX)		, <b>–</b>
		5.
D. If any adding the market and any design and and any design and	. *≥	\$`
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
	·	
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres.	5
	. 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	BILL G. FOSTER	1875 STEVENSON AVENUE	Add
		CLEARWATER, FL 33755	Remove
	· ·		Add
			Remove
			LAdd
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D. If amending any other information, ento	er change(s) here: (Attach additional sheets, if necessary.	)
	•	
•		
Dated DECEMBER 4TH	2012	
- MARC	, morn	
Signature of $\ell$	a member or authorized representative of a member	
KURT BIĚREK, MGRN	M	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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