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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consumer Mortgage Network, LLC

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

226 82nd Ave N

Address

Saint Petersburg, FL 33702

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**.453-3845**

Area Code & Daytime Telephone Number

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

(Name of the Limited Liability Compa (A Florida Limited I		<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000068602</u>			and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designa	tion "LLC"	or the	abbreviation
Enter new principal offices address, if applicable:		∑ or	23 23 23	
(Principal office address MUST BE A STREET ADDRESS)		#8 22	<u></u>	
		- 5	Ž	CERTIFIED.
Enter new mailing address, if applicable:	226 82ND AVE N	ARY OF A	2 AH	
(Mailing address MAY BE A POST OFFICE BOX)	SAINT PETERSBURG, F		=	
		Þ.E.	8	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the n	ame o	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et address		
	, Flori	da		
	City	7i	n Code	ø

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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action** Remove Remove Remove

D. If amending any otl	ner information, enter change(s) here: (Attach additional sheets, if necessary	r.)
•		
		
		
		,
		
Dated JUNE 09	2013	
	1154	
	Sphature of a member or authorized representative of a member	
KURT	BIEREK, PRESIDENT	
	Typed or printed name of signee	

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Filing Fee: \$25.00

