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COVER LETTER

Division of Corp	iorations				
SUBJECT: CONSUM	ER MORTGAGE NET	WORK, LLC			
Sobject.		ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
-	-	- -			
	WHOT DIEDEN				
	KURT BIEREK	Name of Person			
		(and of a orgon			
	CONSUMER MORTO	GAGE NETWORK, LLC			
		Firm/Company			
	#04 0 EIELDING AV	<u>+</u>			
	701 S. FIELDING AV	Address			
		Address			
	TAMPA, FL 33606				
		City/State and Zip Code			
	KBierek@gmail.com				
		o be used for future annual report notificati	ion)		
For further information co	ncerning this matter, please ca	all:			
			Marie Contraction of the Contrac		
KURT BIEREK		at (813)453-3845		<u>ယ</u> . တ	week Data
Name of	Person	Area Code & Daytime To	elephone Number	<u> </u>	j.
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Enclosed is a check for the	e following amount:		1. 75 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. Z	
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■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	U\$60.00 Filing Fee, Certificate of \$tat	nis &	ا فيبوءا
		(additional copy is enclosed)	Certified Copy		
			(additional copy i	s encl	osed)

MAILING ADDRESS:

Registration Section

TO:

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 L	Liability Compan	y were filed on 05/21/2012	and assigned	
Florida document number L12000068602				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		£*	
			Sign 5	
Enter new mailing address, if applicable:		701 S. FIELDING AV	E 757 - 56 004	
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL 33606	11.	
			9	
B. If amending the registered agent and			rds, enter the name of the new	
registered agent and/or the new registered (omice address ne	e <u>re</u> :		
Name of Nau Bogistared Agent				
Name of New Registered Agent:				
New Registered Office Address:	/01 S. FIE	LDING AVE	da atrant address	
	Enter Florida street address			
	TAMPA		Florida 33606	
		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 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 = N	1anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	,		Add
			<u> </u>
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