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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

		`	COVEREDITER	
TO:	Registration S	Section		•
•	Division of Co			
	Š:			
SUBJI	ECT:	CONSUMER MOR	RTGAGE NETWORK, LLC	
50201			ted Liability Company	
The en	closed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please	return all corresp	oondence concerning this matter	to the following:	
			KURT BIEREK	
			Name of Person	
		CONSUM	IER MORTGAGE NETWORK, LLC	
			Firm/Company	
			701 S FIELDING AVE	
			Address	
			TAMPA, FL 33606	ime Telephone Number \$60.00 Filing Fee, Certificate of Status &
			City/State and Zip Code	
		K	BIEREK@GMAIL.COM	
		r-mail address: (1	to be used for future annual report notificat	ion)
For fur	ther information	concerning this matter, please c	all;	
	KURT	BIEREK	at (813) 453-3845	
	Name	of Person	Area Code & Daytime To	elephone Number
Enclose	ed is a check for	the following amount:		
	.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee
	.oo rung ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
				, ,

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

	MORTGAGE NETWORK, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability			and assigned
Florida document number L12000068602	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,"	the designation "	
Enter new principal offices address, if applicable:			<u>></u>
(Principal office address MUST BE A STREET ADD	DRESS)		R T
			-2 M SSEE FILE
Enter new mailing address, if applicable:			<u> 第5 </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		38
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fnier	Florida street add	dress
	City	, 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 Changing Registered Agent, Signature of New Registered Agent

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 Title Title <u>Name</u> **Address** Type of Action MGRM DREWNUTTS, LLC **800 S OSPREY AVE** SARASOTA, FL 34236 MGRM **MATTHEW R DREWS 5666 AARON COURT** SARASOTA, FL 34232 MGRM **TERENCE J NUTTER** 4538 WOODSIDE ROAD SARASOTA, FL 34242 Remove Remove Remove Remove

amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
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	NOVEMBER 30 , 2013 .
	1/2 Police
	Signature of amember of authorized representative of a member
	KURT BIEREK, PRESIDENT
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

TALLAHASSEE, PLORIDA

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