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COVER LETTER

TO:		istration Sec sion of Corp				
SUBJEC	ct.	Second N	Mortgage Holders SF, I	LLC		
SUBJEC			Name of Lim	ited Liability Company		_
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn	all correspon	dence concerning this matter	to the following:		
			Christopher H. Saia			
			 ·	Name of Person		-
			Second Mortgage H	lolders SF, LLC		2011 EV
				Firm/Company		
	4713 Broadway					33.7
				Address		
			West Palm Beach, I	FL 33407		
				City/State and Zip Code		— (1) (1) (2)
			service@saia-law.co			_
			E-mail address: (to be used for future annual	report notification)	
For furth	her ir	formation co	ncerning this matter, please c	all:		
Christ	oph	er H. Saia	1		38-6354	
		Name of	Person	Area Code	Daytime Telephone Num	ber
Enclosed	d is a	check for the	e following amount:			
\$25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, icate of Status & ied Copy on all copy is enclosed)
			NG ADDRESS:		T/COURIER ADDRESS	;

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Second Mortgage Holders SF, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	1 2
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000106275</u>	were filed on <u>08/17/2012</u>	and assigned
This amendment is submitted to amend the following:		憲法 め
A. If amending name, enter the new name of the limited liab	ility company here:	<i>'</i> ≇;
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4713 Broadway	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 334	07
Enter new mailing address, if applicable:	4713 Broadway	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 334	07
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	··
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jennifer Archila	619 43rd Street	
		West Palm Beach, FL 33407	■ Remove
·			S 5 5 6
MGR	Christopher Saia	4713 Broadway	Add P
		West Palm Beach, FL 33407	Remove □
,			
			Add
			Remove
			□ Remove
			□ Remove
			<u> </u>
	·		Remove

	lf amend	ing any other informa	ation, enter c	hange(s) here: (Attach additional sheets, if ne	cessary.)	
						
		·				
. (Effective The effectiv	date, if other than the	e date of filin	g: (op ate of receipt or filed date and cannot be more than 90 day	tional)	
	the date thi	is document is filed by the F	lorida Departme	nt of State)	S dias	
	the date thi	is document is filed by the F ovember 5	lorida Departme	nt of State)	ASE CONTRACTOR	701-160
	the date thi	is document is filed by the F	lorida Departme	nt of State)	7.05 E.C. F.E. S.R. S.R.	3- AGINUZ
	the date thi	is document is filed by the F	lorida Departme	nt of State) , 2014	SECRETARY SECTION	_

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Filing Fee: \$25.00