

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

From:

Account Name

: PAUL A. KRASKER, P.A.

Account Number: I20090000078

: (561)515-2930

Phone

: (561)515-2939

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTOR LOAN PORTFOLIO I, LLC

1120002501663

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Electronic Filing Menu

Corporate Filing Menu

OCT 17 2012

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COVER LETTER

ТО:	Registration S Division of Co	ection orporations				
SUBJI	UBJECT: INVESTOR LOAN PORTFOLIO I, LLC					
2020.			ited Liability Company			
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
	Paul A. Krasker, Esq.					
			Name of Person			
		Law Of	fice of Paul A. Krasker, P.A.			
			Firm/Company			-17
		501 S. F	501 S. FLAGLER DRIVE, SUITE 201			4 · §
			Address		TALLER EN ST	1
WEST PALM BEACH, FL 33401					3.4	
			City/State and Zip Code		7:36	
	pkrasker@kraskerlaw.com E-mail address: (to be used for future annual report notification)				5	
For fun	ther information of	concerning this matter, please	·			
	Paul /	A. Krasker, Esq.	at (561)	515-2929		
·		of Person	Area Code & Daytime	Telephono Number		
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

INVESTOR EC	JAN PORTFOL	10 1, LLC			
(Name of the Limited Liability (A Florida I	imited Liability Comp	any)	rus.)		
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on	ı August 20,	2012 and assigned		
This amendment is submitted to amend the following:		,			
A. If amending name, enter the new name of the limi	ted liability compan	y here:			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability C	ompany," the design	nation "LLC" or the abbrev	iatior	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		二点 言		
			2 th 6	1	
			福島 あ		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·			\Box	
(Mailing address MAY BE A POST OFFICE BOX)			F-12 15		
			<u> </u>	_	
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address ess here:	on our records, ;	المنتشر	new	
Name of New Registered Agent:			·	_	
New Registered Office Address:					
	Enter Florida street address				
		, Flor	ida		
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

MGR = Manager

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:

MGRM = Managing Member Title Name Address Type of Action MGR ADAM SHEPHERD **110 LA GRANGE WAY** ∏ Add JUPITER FL 33458 🗹 Remove PAUL BALTRUN MGRM 110 LA GRANGE WAY 🖊 Add JUPITER, FL 33458 🔲 Remove Remove Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2012 Signature of a member or authorized representative of a member PAUL A. KRASKER Typed or printed name of signee

> Page 2 of 2 Filing Fee: \$25.00

1120000-0112