

L12000106879
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PAUL A. KRASKER, P.A.
Account Number : I20090000078
Phone : (561) 801-7312
Fax Number : (561) 515-3904

2016 JAN -6 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

JAN 07 2016
J. HARRIS

Jan. 6. 2016 11:22AM

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No. 2479 P. 2/5

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVESTOR LOAN PORTFOLIO I, 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:

PAUL A. KRASKER

Name of Person

LAW OFFICE OF PAUL A. KRASKER, P.A.

Firm/Company

501 SOUTH FLAGLER DRIVE, SUITE 201

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

PKRASKER@KRASKERLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL A. KRASKER

561 515-2929
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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4116 000003 777107
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

INVESTOR LOAN PORTFOLIO I, 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 Liability Company were filed on 8/20/2012 and assigned
 Florida document number L12000106879.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

501 SOUTH FLAGLER DRIVE

SUITE 201

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 SOUTH FLAGLER DRIVE

SUITE 201

WEST PALM BEACH, FL 33401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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

Jan. 6. 2016 11:22AM

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No. 2479 P. 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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HALL COUNTY
CLERK
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PALM BEACH FLORIDA

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