L12000118087

(Re	questor's Name)	
· (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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EXAMINER



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11/29/12--01006--016 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

MORTGAGE SERVICE SOLUTIONS, 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:

Bradley W. Butcher

Name of Person

Rojas & Butcher, P.L.

Firm/Company

6830 Porto Fino Circle, Ste. 2

Address

Fort Myers, FL 33912

City/State and Zip Code

bbutcher@rojasandbutcher.com

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

For further information concerning this matter, please call:

Bradley W. Butcher

__239\322-165

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORTGAGE SERVICE SOLUTIONS, 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 Lia	ability Company were filed on 09/14/20	12 and assigned
Florida document number <u>L12000118087</u>	·	LORDIE STATE
This amendment is submitted to amend the follow	wing:	<u>, </u>
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	5	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
	City	_, Florida Zip Code
	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

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

<u>Title</u>	Name	Address	Type of Action
MGR	Thomas J. Bruzzesi	7526 Key Deer Court	_ Add
		Fort Myers, FL 33966	Remove
MGR	Robert C. Bagans	30 Colorado Road	✓ Add
		Lehigh Acres, FL 33936	Remove
MGR	Paul J. Condon	1861 Acacia Avenue	_ 🗹 Add
		Lehigh Acres, FL 33972	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
ated No	ovember 27
	Bradly W. h.
	Signature of a member or authorized representative of a member
	Bradley W. Butcher
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00