L13000062848

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(Ke	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. YOUNG



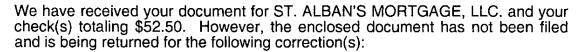
FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2014

WAYNE OGG 375 THISTLEDOWN WAY THE VILLAGES, FL 32162

SUBJECT: ST. ALBAN'S MORTGAGE, LLC.

Ref. Number: L13000062848



We are enclosing the proper form(s) with instructions for your convenience.

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 014A00024623



COVER LETTER

	Divis	on of Corporations			
	SUBJECT:	St. Alban's M	ortgage, LLC. Name of Limited Liabili	ity Company	
				y - Pr	
	The enclosed Ar	ticles of Amendment and	fec(s) are submitted for filing.		
	Please return all	correspondence concerni	ng this matter to the following:		三流 动
	_		Wayne Ogg		
	_		Name of Person		
			Firm/Company		
	_		375 Thistledown Wa	y	
			Address		
	_		The Villages, FL 321	62	·
			City/State and Zip Code		
			wayneogg@embarqm	ail.com	
		E-mail address	s: (to be used for future annual r	eport notification)	
	For further info	mation concerning this m	atter, please call:		
	Way	ne Ogg	at	(352) 75	-7261
		Name of Person		Area Code & Daytime	Telephone Number
	Enclosed is a ch	eck for the following amo	ount:		
\$25.00 Filing Fed	Ψ3	0.00 Filing Fee & rtificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	Filing Fee, cate of Status & cd Copy

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

TO:

Registration Section

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

St. Alban's Mortgage, 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	04/29)	2013	and	lassign	ed
Florida document number <u>L13000062848</u>		' '				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :				
						•
The new name must be distinguishable and end with the words "Limited Liability of the control of	Company," the des	ignation "LLC" or th	e abbreviation "L.L.c.		겂	
Enter new principal offices address, if applicable:				(*) 17	·	" _i 1
(principal Office address MUST BE A STREET ADDRESS)						: :
				,	< 13 - 3	
				_	: -	•
Enter new mailing address, if applicable:				الماريخ والمراضي	(-)	
(Mailing address MAY BE A POST OFFICE BOX)				**ند •	•	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here		records, enter t	he name of the	new_		
	•					
Name of New Registered Agent:						
New Registered Office Address:		Enter Florida street a	addrass.			
	•					
	City		Florida	Zip Cod	de	
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performanc s providedfor	e of mv duties. in Chapter 605	and I am famil , F.S Or, if this	iar with docume	and ent is	he
_			- -		-	

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized	Member on oui	r records, <u>enter</u>	the title, name, a	nd address of each Manager or	_
Authorized Member being added or remove	ved from our re	ecords:			

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type</u>
MGR_	Penny E. Windsor	375 Thistledown Way	<u>X</u> Add
		The Villages, Florida 32162	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

_	
(The effective	date, if other than the date of filing:
(The effective the date the	re date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
(The effective the date the	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00