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K.SALY EXAMINER JUN 27 2013

## **COVER LETTER**

Division of Corporations
SUBJECT: Mort LAGE ACQUISITION Resource Services LLC Name of Limited Liability Company
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:
ERIC Jennes  Name of Person
Mostgage Acquisition Resources LLC Firm/Company
155 S OCEAN Blud Svite 140 Address
Boca Ratow, FL 33432  City/State and Zip Code  ebj Golf O aol. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC JENNES  at (561) 866-9540  Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER 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

13	JUN	FIL	ED	ı
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ces	25	) [E	FLO	ATE VOA:

Mortgage Acquisition Resource Servi

(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number 4/3 000 0 6 4/76	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	NIA
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/x	}
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:	Nlx	9
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter I	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member Type of Action **Title Address** <u>Name</u> MERM Eric Jennes, Inc 155 S. Ocean Blud BOCA RATION, FL 33432 Remove Remove Remove Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• ' .	
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•	
-	
Dated	Func 21, 2013.
	Func 21, 2013.
	Signature of a member or authorized representative of a member
	EXIC JENNES
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00