

L15000053819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

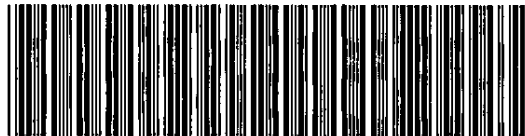
(Business Entity Name)

(Document Number)

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RECEIVED  
15 MAY -6 AM 10:00  
BUREAU OF CORPORATE  
INFORMATION SERVICES

FILED  
2015 MAY -6 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 14 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE REVERSE MORTGAGE GROUP, 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.

HERNANDO MANZANO

Name of Person

THE REVERSE MORTGAGE GROUP, LLC

Firm/Company

2645 EXECUTIVE PARK DR, # 128,

Address

WESTON FL 33331

City/State and Zip Code

HERNANDOMANZANO@GMAIL.COM

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

For further information concerning this matter, please call:

HERNANDO MANZANO

561 313 1598

Name of Person

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2015

HERNANDO MANZANO  
15073 SW 40TH ST  
DAVIE, FL 33331

SUBJECT: THE REVERSE MORTGAGE GROUP, LLC  
Ref. Number: L15000053819

We have received your document for THE REVERSE MORTGAGE GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 415A00008789

FILED  
2015 MAY -6 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

THE REVERSE MORTGAGE GROUP, 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 3/25/2015 and assigned  
Florida document number L15000053819

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 "LLC"

Enter new principal offices address, if applicable:

2645 EXECUTIVE PARK DR # 128

**(Principal office address MUST BE A STREET ADDRESS)**

WESTON, FL 33331

Enter new mailing address, if applicable:

2645 EXECUTIVE PARK DR # 128

**(Mailing address MAY BE A POST OFFICE BOX)**

WESTON, FL 33331

**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:

HERNANDO RAMON MANZANO GIRADO

New Registered Office Address:

2645 EXECUTIVE PARK DR # 128

*Enter Florida street address*

WESTON


*City*

Florida 33331

*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.*

  
Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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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>
MGR	HERNANDO R MANZANO	15073 SW 40TH ST	<input type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERNANDO MANZANO	15073 SW 40TH ST	<input type="checkbox"/> Add
		DAVIE FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hernando Ramon Manzano Girado	2645 Executive Park Dr. #128	<input checked="" type="checkbox"/> Add
		Weston, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 4/14/2015

Signature of a member or authorized representative of a member

HERNANDO MANZANO

Typed or printed name of signee

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**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA