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(Re	equestor's Name)	
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Div	ision of Corp	orations						
SUBJECT:	EXECUTIVI	E MORTGAGE GROUP OF I	FLORIDA, LLC					
SUBJECT.		Name of Limi	ted Liability Company					
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.					
Please return	all correspon	dence concerning this matter t	to the following:					
		MICHAEL MACIAS						
			Name of Person					
		EXECUTIVE MORTGAG	E GROUP OF FLORIDA, LLC					
		Firm/Company						
	901 S STATE RD 7 SUITE 319							
		<del> </del>	Address					
		HOLLYWOOD, FL 33023						
			City/State and Zip Code					
		MMACIAS@EXECUTIVE	MORTGAGEFL.COM					
		E-mail address: (t	o be used for future annual report notification	on)				
For further is	nformation co	ncerning this matter, please ca	ıli:					
MICHAEL 1	MACIAS		305 467-7910 at ()					
	Name of	Person	Area Code Daytime Tele	ephone Number				
Enclosed is a	a check for the	following amount:						
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	901 S STATE ROAD 7	<b>7</b> :
Principal office address MUST BE A STREET ADDRESS)	SUITE 319	8
	HOLLYWOOD, FL 33023	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		23
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her  Name of New Registered Agent:		enter the name of the
New Registered Office Address:	Enter Florida street address	
	, Floric	- · · · · · · · · · · · · · · · · · · ·
	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

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			☐ Remove
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effective	date is listed, the	date must be spec	cific and can	not be prior to		more than 90 da	ays after filing.) I		
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Filing Fee: \$25.00