

M03600002294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

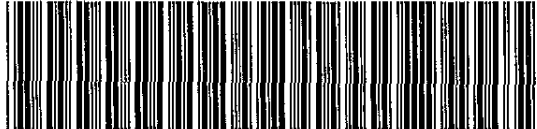
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/01/04--01048--026 \*\*25.00

RECEIVED  
04 MAR -1 PM 1:41  
DIVISION OF CORPORATION

FILED  
04 MAR -1 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK*

**CT CORPORATION SYSTEM**

660 East Jefferson Street  
Tallahassee, FL 32304 March 1, 2004  
Tel. 850 222 1092  
Fax 850 222 7615

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
04 MAR - 1 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6048152 SO  
Customer Reference 1: 003951-0005  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

MMA Financial, LLC (MD)  
Evidence of Amendment  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

FILED  
04 MAR -1 PM 4:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: MMA Financial, LLC
2. Jurisdiction of its organization: Maryland
3. Date authorized to do business in Florida: July 11, 2003

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: change of address in State of Jurisdiction: Pier IV Building, 621 E. Pratt Street, 3rd Floor, Baltimore, Maryland 21202
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

William S. Harrison  
Signature of a member or the authorized representative of a member

William S. Harrison  
Typed or printed name of signee

Filing Fee: \$25.00