

8/19/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L17000074662

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(((H20000286163 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MY MORTGAGE SOLUTIONS GROUP, LLC

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8/20/2020 3:44:20 PM PAGE 1/001 Fax Server



August 20, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MY MORTGAGE SOLUTIONS GROUP, LLC
PO BOX 668545
MIAMI, FL 33166

SUBJECT: MY MORTGAGE SOLUTIONS GROUP, LLC
REF: L17000074662

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the name of the RA (FLORIDA TRUST SERVICES LLC)

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000286163
Letter Number: 320A00015930

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MY MORTGAGE SOLUTIONS 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 08/01/2020 and assigned
Florida document number L17000074662

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3580 NW 85 CT APT 144
DORAL, FL
33122

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

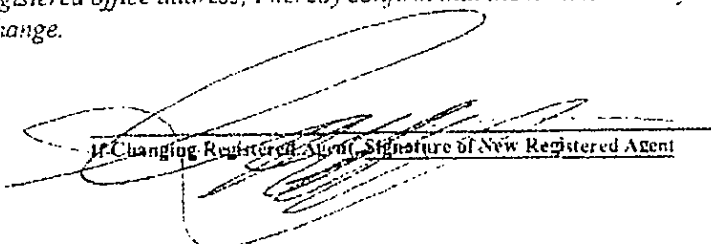
3580 NW 85 CT APT 144
DORAL, FL
33122

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: FLORIDA TRUST SERVICES LLC
New Registered Office Address: 2882 NW 79 AVE
Enter Florida street address
DORAL, FL, Florida 33178
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 = Authorized Member

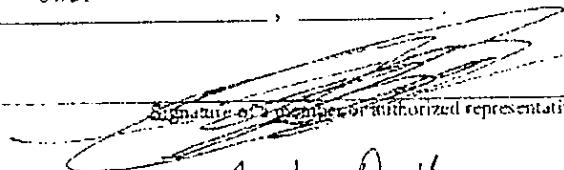
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMELIA QUILES	3580 NW 85 CT APT 144	<input checked="" type="checkbox"/> Add
		DORAL, FL	<input type="checkbox"/> Remove
		33122	<input type="checkbox"/> Change
AMBR	CARLOS M CORDERO VAZQUE	5915 NW 104 TH PATH DORAL, FL 33178	<input type="checkbox"/> Add
		DORAL, FL	<input checked="" type="checkbox"/> Remove
		33178	<input type="checkbox"/> Change
AMBR	JORGE R SANTIAGO ROBLES	4401 NW 57TH A VE SUITE 610	<input type="checkbox"/> Add
		DORAL	<input checked="" type="checkbox"/> Remove
		FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 07/31, 2020



 Signature of a member or authorized representative of a member

Amelia Quiroz

 Typed or printed name of signer