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TOROLASSEAN STATE

COVER LETTER

	egistration Sec Division of Corp		
		TGAGE LLC	
SUBJECT	Γ:	Name of Limi	ited Liability Company
The exclor	and Aminlos of	Amendment and fee(s) are sub-	mitted for filing
		ndence concerning this matter	
		WILLIAM WILLIS	
			Name of Person
	NEO MORTGAGE LLC		
			Firm/Company
	113 NATURE WALK PARKWAY UNIT 101		RKWAY UNIT 101
	Address		
	ST. AUGUSTINE, FL. 32092		
			City/State and Zip Code
		william@neomtg.com	
		E-mail address: (to be used for future annual report notification)
For further	r information co	oncerning this matter, please ca	all:
WILLIAN	M WILLIS		904 902-1616 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclosed i	is a check for th	e following amount:	
	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
F D F	Mailing Address Registration Solivision of Co.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEO MORTGAGE LLC			
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L23000206973		4/26/2023 and assigned	
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
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 appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office address on our	records, enter the name of the new registered	
New Pagistarad Office Address	113 NATURE WALK PARKW	AY UNIT 101	
New Registered Office Address:	Enter Florida street address		
	ST. AUGUSTINE	, Florida 32092 : S	
	City	Zip Code	
New Registered Agent's Signature, if changing			
provisions of all statutes relative to the pro-	per and complete performance of istered agent as provided for in pregistered office address, I hero	Chapter 605, F.S. Or, if this document is	

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>	Name	Address	Type of Action		
MGRMB	MILTON RICE 113 NATURE WALK PARKWAY UNIT 101		□Add		
		ST. AUGUSTNE, FL. 32092	≡ Remove		
			□Change		
MGRMB	WILLIAM WILLIS	113 NATURE WALK PARKWAY UNIT 101	□Add		
		ST. AUGUSTINE, FL. 32092	□Remove		
			Change		
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	n this block does n	ot meet the applica	to date of filing or mable statutory filin	(option ore than 90 days after fil g requirements, this d	al) ing.) Pursuant to ate will not be	605.0207 (listed as t
he record specifics a delayed ord is filed.	effective date, but	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day a	20gthe JAN -3
December 18	,	2024			ASS.	۵
Dated			<u> </u>		E S F S F S	JAN -3 AM 8:
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