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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	
	Office Use On	lv



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·	Advanced Incorporating Service
	1317 California Street Phone: 850-222-CORP P.O. Box 20396 Fax: 850-575-2724 Tallahassee, FL 32316 Email: orders@aisincfl.com Website: www.aisincfl.com
BI	servatch Mortgage CCC
	FOR OFFICE USE ONLY
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	CORPORATIONLLCLIMITED PARTNERSHIPGENERAL-PARTNERSHIP
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	OTHER
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	GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY Of
APO	STILLE/CERTIFICATION REQUEST:
	Country
	Amount of Documents
	DATE 1/22/21 TIME

Notes:____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: BLUEMATCH MORTGAGE LLC		
Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS)	3553 Mountain Loop	
	San Antonio, TX 78261	
Enter new mailing address, if applicable:	3553 Mountain Loop	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	San Antonio, TX 78261	
2. The Florida document number of this limited lia	ability company is: M19000011	712
3. Jurisdiction of its organization: Colorado		
4. Date authorized to do business in Florida; Dec	ember 10, 2019	
SECTION II (5-9 complete only the applicable	changes)	<u>C</u>
 New name of the limited liability company: Power Property Propert	ollend LLC at contain "Limited Liability Co	mpany, " "L.L.C." or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the a	business in Florida and attach a Iternate name. The alternass name
6. If amending the registered agent and/or registeregistered agent and/or the new registered office a		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P Pl	I. Comment III
	Enier r torta	la Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Relative to the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capac and complete performance of n tered agent as provided for in C	ny duties, and I am familiar with

		accordance with 605.0902 (1)(e), indicate t	hat change:
tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
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			□Add
aforementioned amo	eate, if required: no more than 90 andment(s), duly authenticated by the law of which this entity is organization.	y the official having custody of records in anized.	□Remo
		f the authorized representative	

Filing Fee: \$25.00

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Articles of Amendment

with Document # 20201725613 of Pollend LLC

Colorado Limited Liability Company

(Entity ID # 20191855638)

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/21/2021 that have been posted, and by documents delivered to this office electronically through 01/22/2021@13:58:05.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/22/2021 @ 13:58:05 in accordance with applicable law. This certificate is assigned Confirmation Number 12877032



Secretary of State of the State of Colorado

*************End of Certificate***********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do/entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co/us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."



Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us. Colorado Secretary of State

Date and Time: 08/24/2020 09:46 AM

ID Number: 20191855638

Document number: 20201725613

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

	filed pursuant to \$7-90-301, et s	seq. and §7-80-209 of the	: Colorado Revised Stat	utes (C.R.S.)	
1.	For the entity, its ID number and ent	ity name are			
	ID number	20191855638 (Colorado Secretary of State)	ID number)		
	Entity name	BlueMatch Mortgag	je LLC		
2.	The new entity name (if applicable)	s Pollend LLC			
3.	(If the following statement applies, adopt the sta				
4.	(Caution: <u>Leave blank</u> if the document does not consequences. Read instructions before entering		ating a delayed effective date)	as signīticant lega	ł
	(I) the following statement applies, adopt the sta	tement by entering a date and, if	applicable, time using the req	uired format.)	
	The delayed effective date and, if applicable, time of this document is/are				
_			(mm/dd/j.j.;	sy hose:minute amipr	7)
Νo	tice:				
ind per the stat	mowledgment of each individual causing ividual's act and deed, or that such indivison on whose behalf such individual is crequirements of part 3 of article 90 of titutes, and that such individual in good famplies with the requirements of that Part	idual in good faith believe causing such document to tle 7, C.R.S. and, if applic ith believes the facts state	es such document is the a be delivered for filing, to able, the constituent doc d in such document are t	ect and deed of aken in conforn uments and the rue and such do	the nity with organic
	is perjury notice applies to each individue ther or not such individual is identified				tate.
5.	The true name and mailing address of the individual causing the document to be delivered for filing are				
	timg are	Dobbertin	Jonathan		
		(Last)	(First)	(Middle)	(Suttix)
		36 South 18th Ave		 _	
		(Street nan	te and number or Post Office Box i	nformation)	
		Brighton	CO 80	601	
		(City)	United State	(Postal/Lip Cod	(e)
		(Province - if applicable		 -	

(If the following statement applies, adopt the statement by marking the box and include an attachment.)
This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.
Disclaimer:
This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Pollend LLC

is a

Limited Liability Company

formed or registered on 10/25/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191855638.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/21/2021 that have been posted, and by documents delivered to this office electronically through 01/22/2021 @ 13:34:44.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/22/2021 @ 13:34:44 in accordance with applicable law. This certificate is assigned Confirmation Number 12876872



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"