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Christipher Corter Name of Person Loan Shub Moth Gage / Finance U.C. Final Company Type I Rivera River State and Exp Code Address Minamor FL City/State and Exp Code Lending. With E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christipher State and Exp Code Area Code Daytime Telephone Number Enet Seed is a check for the following amount: See Sectified Copy Certified Copy	Please return all correspondence concerning this matter to the following:
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Address M. M. City/State and Zty Code W. D. Lo Quest Code W. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chr. Sh. Code Area Code Daytime Telephone Number Enclosed is a check for the following amount: See Section Filing Fee Certificate of Status Certificate of Status Certificate Octy Certificate Octy Certificate Octy Certificate Octy Certificate Octy Certificate Octy Certified Copy Certified Copy Certificate Octy Certified Copy	Loanshub Mortgage 9 Finance LLC
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher	<u> </u>
For further information concerning this matter, please call: Chry Suppose at (200 905 – (383) Name of Person at (200 905 – (383) Area Code Daytime Telephone Number Enclosed is a check for the following amount: See S25.00 Filing Fee \$\Begin{array}{c} \$30.00 \text{ Filing Fee} & \Begin{array}{c} \$555.00 \text{ Filing Fee} & \Begin{array}{c} \$560.00 \text{ Filing Fee}, \\ Certificate of Status & \text{ Certified Copy (additional copy is enclosed)} & \text{ Certified Copy (additional copy is enclosed)} \end{array}	
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\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee \\ Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$ Certified Copy Certified Copy	Christopher Conter at 786, 885-1383
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF		4022 1.1
	See Lact To the state of the st	in en ce	LC3 Mik
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on $\frac{1}{2}$	26/21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our recor	ds, <u>enter the name o</u>	the new registered
Name of New Registered Agent:	<u>. </u>		·
New Registered Office Address:			
	Enter Florida st	reel address	
		, Florida	
	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 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

Title	<u>Name</u>	Address	Type of Action
Merc	Jessica Rosemberg	110 SW 198th TEER Peni brove Pines FL 13/3020	₹.Addi
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H amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: It's	date, if other than the date of filing:
ord is filed	
Dated <u>-</u>	8/23/2022 A
	Signature of a natural or authorized representative of a member
	Christophee Calter

Filing Fee: \$25:00