10/16/2001005011	<b>**</b> 25.00
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## COVER LETTER

TO:	<b>Registration Section</b>
	Division of Cornoration

645 lle SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEANETTE ALONSO

Name of Person

Finn/Company

869 WEST 46TH STREET

Address

MIAMI BEACH FL 33140

City/State and Zip Code

JEANETTE@MORTGAGERESOURCEGROUP.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEANETTE ALONSO \_\_\_\_\_\_\_\_\_at (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_Area Code \_\_\_\_\_\_\_Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 (	ORGANIZATION	ł	
(	)F	10, 71 2:05	
645 LLC		· • · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Comp (A Florida Limited	<u>any as it now appears on our</u> Liability Company)	r records,)	
The Articles of Organization for this Limited Liability Company	were filed on 2/05/2005	and use	
		and assi	Blice
Florida document number LO5000011116			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.I	L.C.**
Enter new principal offices address, if applicable:			
• • • • •		······	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	869 WEST 46TH STRI	EET	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH FL 33	5140	
	· · · · · · · · · · · · · · · · · · ·		
	·	<u> </u>	
B. If amending the registered agent and/or registered office	address on our records	, <u>enter the name of the new</u>	regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			

New Registered Office Address:

869 WEST 46TH STREET

Citv

Enter Florida street address

MIAMI BEACH

, Florida <u>FL 33140</u> 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 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 Churgen ADD (CSS ON

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Ac</u>
MGR	ANNETTE HOGAN	1421 COLUMBUS BLVD	🖻 Add 🖕
		CORAL GABLES FL 33134	
			🖸 Change
			⊡Add
			LIRemove
			Change
			🗆 Add
			🗆 Remove
		<del></del>	□Change
		<u> </u>	⊡Add
			🗆 Remove
			Change
<u></u>	- <u>-</u>		🖸 Add
			🖂 Remove
			Change
<del></del>	<u> </u>		🖸 Add 🌷
			🗆 Remove

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

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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.

10/10 Dated	2020
	( THE )
	Signature of a member or authorized representative of a member
JEANETTE A	
	Typed or printed name of signee