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Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

ARI Mor	gage Loan Servicing LLC			
SUBJECT:	Name of Lim	ited Liability Company		
		-		
Please return all corresp		to the following:		
	Melissa L Nash			
	Name of Person ARI Financial Services LLC Firm/Company PO Box 1301			
	ARI Financial Services LI	.C		
The enclosed Articles of Amendment and fee(section of Please return all correspondence concerning the Melissa L Nash ARI Financial Se PO Box 1301 West Palm Beach melissa@4aronlne E-mail For further information concerning this matter, Melissa L Nash Name of Person Enclosed is a check for the following amount: \$\begin{align*} \text{S25.00 Filing Fee} & \begin{align*} \text{S30.00 Filing Fee} \end{align*}		Firm/Company		
	PO Box 1301			
		Address		TC 18
	West Palm Beach, FL 334	02		型品 图
		City/State and Zip Code		26
	<u>u</u>	to be used for future annual report notifi	cation)	P
For further information			<i></i>	PH 6: 24
Melissa L Nash		561 804-4596		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Regi: Divis	LING ADDRESS: Stration Section ion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARI Moitgage Loan Servicing ELC (Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ARI Financial Services LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2475 Mercer Avenue, Suite B307		
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401	<u> </u>	
		É D	
Enter new mailing address, if applicable:	PO Box 1301	11 E 26	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33402	THE PROPERTY.	
		0.2.2.2 0.2.2.2	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flo	ida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	d I am familiar with and 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>	<u>Name</u>	Address	Type of Action
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			Remove
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	178 day 2000					
E. Effe	ctive date, if other than the	e date of filing:	. .		_ (optional)	
Note	effective date is listed, the date mule: If the date inserted in this burnent's effective date on the E	lock does not meet the	applicable statut	iling or more than 90 ory filing requirent	days after filing.) Pursuan ents, this date will not	it to 605.0207 (3)(b be listed as the
	ecord specifies a delaye ne 90th day after the red		ut not an effe	ective time, at :	12:01 a.m. on the	earlier of:
Date	December 19	2018				
				_		
		Signature of a member of	or authorized repre	sentative of a memb	•r	
		_				
	Melissa L Nash	/ lel	ussā X.	(n		

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00