

L04000115528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

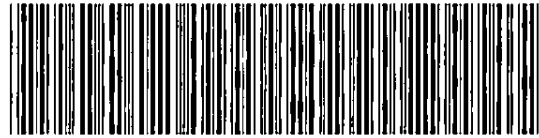
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

nc
amendment

Office Use Only



800439817218

11/21/24--01012--013 **60.00

2024 NOV 21 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORTGAGE RESOLUTION SERVICING, LLC
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:

STEPHANIE SCHNEIDER
Name of Person

Mortgage Resolution Servicing, LLC
Firm/Company

604 NE VENEZIA LANE, #
Address

BOCA RATON, FL 33487
City/State and Zip Code

stefschneider13@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE SCHNEIDER at (561) 322-5103
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 21 PM 1:20

FILED

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

11-18-2024

Dear Sunbiz,

Per page 1 of the forms
to amend the Articles, I'm suppose to
include this cover letter to give you my
Phone # and return address.

Phone # 561-322-5103 (cell)

Return address: 604 NE Venezia Lane
Boca Raton, FL 33487

2024 NOV 21 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FL

FILED

Thank you

Sincerely,



Stephanie Schneider

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------|--|--|
| MGRM | Real Estate & Finance, Inc | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 604 NE Velenzia Lane, Boca Raton, FL 33487 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2024 NOV 21 PM 1:20
TALLAHASSEE FL
SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 21 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL

FD

ASAP

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11-18, 2024

Signature of a member or authorized representative of a member

Stephanie Schneider
Typed or printed name of signee

Typed or printed name of signee