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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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2024 NOV 21 PM 1: 20 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MORTGAGE RESOLUTION SERVICING, Name of Limited Liability Company	LC
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 VENEZEA (ANE & Address	
BOCA RATON FC 33487 City/State and Zip Code Steff Schneider 13 a amail. Comparing this matter, please call:	
	1,20
STEPHANTE SCHWEIDER at (56) 325/03 FT (5) Name of Person Area Code Daytime Telephone Number 77 8	PH 1: 20
Enclosed is a check for the following amount: S25.00 Filing Fee Scrifficate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) (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 fams to amend the Articles, I'm suppose to include this cover letter to give you my Phane # and return address. Phone # 561-322-5/03 (ce/1) Return address: 604 NE Venezia Carrez Boca Raton, FL 33487 Thank you Sincealy.

Stephanie Schneider

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{12/19/2008}{300}$ 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:
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	BOCA RATION FLBB487
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	604 NE VELENZIA LANE Boca ROTON FLBBURT
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new-registered
Name of New Registered Agent: Ste New Registered Office Address: 604	PHANIE S CHNEIDERS =
Boca	PatoN, Florida 33487 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 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>	<u>Address</u>	Type of Action
MGRM	Real Estate & Finance, Inc		□ Add
			Remove
		604 NE Velenzia Lane, Boca Raton, FL 33487	≡ Change
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fective date, if other to effective date is listed, the ote: If the date inserted cument's effective date	e date must be speci in this block does	fic and cannot be price not meet the appli	or to date of filing or m eable statutory filin	(option ore than 90 days after figure requirements, this	iling.) Pursuant to 60.	5.0207 (ted as t
ecord specifies a delayed is filed.	d effective date, b	ut not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte	er the
ted	-18	202	<u>.</u>			
	Signature	e of a frienther or aut	horized representative	of a member		