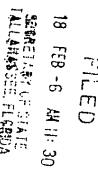
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Office Use Only



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COVER LETTER

TO: Registration Division of C			
LM Serv	icing, LLC		
30 Dall. 311	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Paul Shaffer		
		Name of Person	
		Firm/Company	
	245 W. Blue Springs Ave.	Suite E	
		Address	
	Orange City, FL 32763		
		City/State and Zip Code	
	paul@paulshaffer.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Paul Shaffer		386 736-3996 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LM Servicing, LLC					
(<u>Name of the Limited</u> ()	LLiability Compar A Florida Limited L	ny as it now appears or liability Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number L13000067177	bility Company	were filed on <u>05/07/</u>	2013	and assig	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
National Housing Solutions, LLC					
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the desig	nation "LLC" or th	e abbreviation "L.L.C	C."
Enter new principal offices address, if applical	ble:	N/A			
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	N/A			
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent:			ır records, <u>ent</u>	ter the name of	f the
New Registered Office Address:	N/A			11 CO - 1	κ. .
	N/A	Enter Florida City	street address, Florida	日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	
New Registered Agent's Signature, if changing Re	gistered Agent:			30	

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
N/A	N/A	N/A	Add
			□ Remove
			□ Change
		 	Add
			□ Remove
			Change
-			
			□ Remove
			Change
			□ Remove
			Change
<u></u> .			Add
			Remove
			Change
 .			Add
			□ Remove
			□ Change

N/A	
	
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tive date, if other than the date of filing: $\frac{2/1/201}{}$	§(optional)
ffective date is listed, the date must be specific and cannot be prior to date of fig. If the date inserted in this block does not meet the applicable statute.	iling or more than 90 days after filing.) Pursuant to 605
ment's effective date on the Department of State's records.	ory mang requirements, this date will not be have
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
76	
1 February / 2018	
Signature of a member or authorized repre	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00