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Office Use Only



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ECRETARY OF STATE
LAHASSEE, FLORIDA

S Warren MAR 0 2 2017

COVER LETTER

Division of Co	rporations			
SUBJECT:	READY MORTGAGE L	ENDERS, LLC		
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
Please return all correspondent	ondence concerning this matter to	the following:		
	ANDRES PEREZ			
	- ***	Name of Person		
READY MORTGAGE LENDERS, LLC				
		Firm/Company		
	7480 SW 40TH STREET SUITE 400			
	Address			
	MIAMI, FL 3315	5		
		City/State and Zip Code		
	APEREZ@READ			
		be used for future annual report notifi-	cation)	
For further information of	concerning this matter, please cal	l:		
CYNTHIA PEREZ		305 261-1500		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 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

TO:

Registration Section

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

READY MORTGAGE LENDERS, L		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our reco- imited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Co	mpany were filed on MAY 14, 201	and assigned
lorida document numberL13000071121		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u></u>	
		- " -"
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
naming uquiess MAT DE ATOST OFFICE DOA		
3. If amending the registered agent and/or registe	red office address on our recor	ds, enter the name of the
egistered agent and/or the new registered office addre		us, enter the nume of the
	•	
Name of New Registered Agent:		
N. B. /	•	
New Registered Office Address:	Enter Florida street addr	ress
	, l	Florida 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>	Address	Type of Action
MBR .	SERGIO TERESA-CALLEJA	940 WEST 84TH STREET	
		HIALEAH, FL 33018	■ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
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<u>Note:</u> If	e date, if other than the date to tive date is listed, the date must of the date inserted in this blo hat's effective date on the December 2.	ck does not meet the ap	plicable statutory fili	more than 90 days a ng requirements,	ptional) fter filing. this date	.) Pursuant will not b	to 605.02 e listed a
	ord specifies a delayed Ooth day after the reco		: not an effective	time, at 12:0	1 a.m.	on the e	earlier
	FEBRUARY 27	2017			E081	0 17	TI
ated	110				22-2-1	CO.	*******
Dated	Much				ASSE	୍ଷି ୍ଦ ଓଡ଼	
Dated	Muy	Signature of a member or a	authorized representativ	e of a member	TARY OF S	5" > _#}	

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Filing Fee: \$25.00