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(Re	equestor's Name)	
, (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
. (Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE



COVER LETTER

Division	of Corpo		*			
NAT	ΓΙΟΝSΤΑ	R SERVICING LLC				
SUBJECT:		Name of Limit	ed Liability Company			
The enclosed Artic	cles of A	nendment and fee(s) are subn	nitted for filing.			
Please return all co	orrespond	lence concerning this matter to	o the following:			
•		HANH DINH				
			Name of Person			
			Firm/Company			
	٠	1314 E LAS OLAS BLVD	1210			
			Address			
		FT LAUDERDALE FL 333	301			
			City/State and Zip Code			
		REODOCKET@GMAIL.CO				
		`	o be used for future annual repor	t notification)	0.3	
For further inform	nation cor	ncerning this matter, please ca	11:	VCC SEC	2015	Similar
HANH DINH			786 270198 at ()		ξ	
	Name of I	Person	Area Code D	aytime Telephone Number	<u>1</u>	
				FS	ט	[]
Enclosed is a chec	ck for the	following amount:		ORI		
■ \$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	

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

NATIONSTAR SERVICING LLC			
(<u>Name of the Limite</u>	ed Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Li	ability Company	were filed on 10/22/201	and assigned
lorida document number L13000148837	·		
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited liab	oility company here:	
he new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1314 E LAS OLAS BL	.VD
Principal office address MUST BE A STREET ADDRESS)		SUITE 1210	
		FT LAUDERDLE FL	33301
nter new mailing address, if applicable:		SAME AS ABOVE	T DIS JUL
<u>Mailing address MAY BE A POST OFFICE I</u>	<u>30X)</u>		SARY
		<u> </u>	
			COR -:
 If amending the registered agent and/egistered agent and/or the new registered off 	or registered of	ffice address on our	records, enter the name of the
	ict addits her	<u>v</u> .	
Name of New Registered Agent:	PREMIER REI	NTAL MANAGEMENT I	DIRECT LLC
New Registered Office Address:	1314 LAS OLA	AS BLVD 1210	
		Enter Florida stree	n address
	FT LAUDERD	·····	, Florida <u>33301</u>
		City	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
			□ Remove
			□ Change
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effective date is listed, the date :: If the date inserted in the	e must be specific ar iis block does not	nd cannot be prior to meet the applica	o date of filing or ble statutory fili	more than 90 days ng requirements	atter filing	g.) Pursua e will no	ent to 605 of be liste
ment's effective date on the			·	•			
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Filing Fee: \$25.00