L14000172610

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	us
Special Instructions to Filing Officer:	

Office Use Only



700400172237

01/23/23--01015--029 **25.00



COVER LETTER

Division of Corpor			
SUBJECT:	OFFSet Mort	GACC CLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	3	Name of Person	
	OFF.s	t mortange L	LC
	270	a Tidal COCK DI Address	,
	140	1. day FL 3469 1 City/State and Zip Code	
-	E-mail address: (Houset H & Tampab to be used for future annual report noti	AY. 11. COM
For further information cond	eerning this matter, please ca	all:	
JAMES Name of Pe	Houset H	at (SIS) SI Area Code Daytim	4 – 413 6 e Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	rtion	Street Address: Registration Sec	ction
Division of Cor		Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OFFset mortga	ge LLC	
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our recor-	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10-30-30	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 Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess.
	, Fl	lorida Zip Code
	2015	mp om

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
MGR	Jema Houseth	270 & T: HAT CITCK Dr	Add
		Holiday FL 34691	□Remove
			□Change
m <u>GR</u>	Kimberly CIAN	3703 T: 20 1 CLUIC TI	X \dd
		Holiday FC 34691	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			🗆 Remove
		*****	□ Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change

Page 2 of 3

_	
_	
_	
_	
_	
_	
_	
_	
_	
f an effec <u>Note:</u> T	we date, if other than the date of filing: 1-19-3033 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
The 9	
The 9	90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00