L15000033231

| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF GORPORATION

Amend Manuchgas 10 3/24/15

COVER LETTER

TO:

Registration Section

| Division of Col | rporations | | |
|------------------------------|--|---|--|
| CUDIFCT. | | REO Experts LLC | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | Rebeca Rojas | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | | 7636 S Stonecreek Circl Hollywood FL 33024 | e |
| | <u>'</u> | Address | <u></u> |
| | | Davie FL 33024 | |
| | | City/State and Zip Code | |
| | Reb | eca@REOExpertsTeam | .com |
| | E-mail address: (| to be used for future annual report | t notification) |
| For further information of | concerning this matter, please c | all: | |
| Rebe | ca Rojas | at (786) | 520-8655 |
| | of Person | Area Code Da | sytime 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) |
| Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | Registration S Division of Co Clifton Buildi | orporations |
| i dilan | | Tallahassee, F | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



REO Experts LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company wer | e filed on Februa | ary 23, 2015 | _ and assigned |
|--|---------------------------------------|------------------------|-------------------|
| Florida document numberL15000033231 | | | _ • |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | company here: | | |
| Rebeca Rojas LLC | | | |
| The new name must be distinguishable and end with the words "Limited Liability | Company," the designation 7636 S StOr | n "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | Hollywood | | |
| (Principal office address MUST BE A STREET ADDRESS) | Davie FL 33024 | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| _ | | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our red | cords, <u>enter th</u> | e name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street a | ıddress | |
| | , Florida | | |
| | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Title Name Address** 7636 S Stonecreek Circle Rebeca Rojas AMBR Add Davie FL 33024 ☐ Remove □ Add _□ Remove ☐ Add _□ Remove _□ Add ☐ Remove □ Add ☐ Remove ☐ Add □ Remove

| | | • | |
|--------------|--|---|--|
| | | | |
| | | | |
| Effective | date, if other than the date re date must be specific, cannot be p is document is filed by the Florida I | prior to date of receipt or filed date and cannot | (optional) the more than 90 days after |
| the date thi | s decament is med by the ribrida i | | |
| the date thi | February 26 | , <u>2015</u> | |
| the date thi | • | B 2015 | |
| the date thi | February 26 | ture of almember or authorized representations. Rebeca Rojas | e of a member |

Page 3 of 3

Filing Fee: \$25.00