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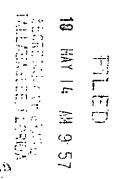
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Sec Division of Corp			
eno rec		Servicing, LLC Name Chang	ge	
SUBJEC	·	Name of Limi	ited Liability Company	
The enclo	sed Articles of £	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	idence concerning this matter	to the following:	
		Alexandra Legagneur-Bros	ssard	
			Name of Person	
		Lotus House Servicing, LL	.C (TO) Lotus House Document Ser	vices, LLC
			Firm/Company	
	333 Las Olas Way, CU 1			
		-	Address	
		Fort Lauderdale, F1, 33301		
			City/State and Zip Code	
		Lexic.Brossard@Lotushous		
		E-mail address; (i	to be used for future annual report notifi-	cation)
For furthe	r information co	ncerning this matter, please ca	ill:	
Alexandr	a Legagneur-Bro	ossard	954 882-0405 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

LOTUS HOUSE SERVICING, 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 were filed on $\frac{04/01/2015}{1}$ and assigned Florida document number L150000057811 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LOTUS HOUSE DOCUMENT SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 _□ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Remove ____ Change ☐ Remove _D Add _□ Remove _□ Change

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Effective date, if oth	er than the date of filing:	of filing or more than 90 days after filing.) Pursuant to 6	505.0207
Note: If the date inser		tatutory filing requirements, this date will not be li	
	a delayed effective date, but not an eer the record is filed.	effective time, at 12:01 a.m. on the ear	lier of
Dated	peil 30. 2018.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00