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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration So Division of Co			
About You SUBJECT:	ur Mortgage, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter		
	Edward E. Wollman		
		Name of Person	
	Wollman, Gehrke & Solom	non, PA	
		Firm/Company	
	2235 Venetian Court, Suite	: 5	
		Address	
	Naples, FL 34109		
		City/State and Zip Code	
	ewollman@wga-law.com		
	E-mail address: (1	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ail:	A P
Edward E. Wollman		239 435-1533 at ()	AHASS
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		3: 5: D
■ \$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 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

About Your Mortgage, LLC					
(Name of the Limited L (A F	iability Compa Torida Limited I	ny as it now appears o liability Company)	n our records.)		
The Articles of Organization for this Limited Liabil Florida document number L15000080741	ity Company	were filed on May 6	5, 2015	and assig	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here	:		•
AboutYourMortgage, LLC					
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the desi	gnation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable:		N/A		A. 2	
(Principal office address MUST BE A STREET A			200 3	7	
				五 4	*****
				SH N	
Enter new mailing address, if applicable:		N/A		1	
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			ဗ္ဗန္ဂ	O
				52 19A	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			ur records, <u>enter</u>	the name of	f the new
New Registered Office Address:					
THE TREBUTE OF THE FAGRESS.		Enter Florida	street address		
			, Florida	Zip Code	
_		City	-	Zip Code	
New Registered Agent's Signature, if changing Regi	stered Agent:				
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the the regio	ind complete ed agent as p istered office	performance of m provided for in Ch	y duties, and I am f apter 605, F.S. Or,	familiar with if this docun	and ient is

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
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			☐ Remove
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effective	ate, if other the	tate must be spec	ific and canno	ot be prior to da	te of filing or	more than 90 o	lays after filing	A principal (15 00
ument's	e date inserted in effective date or	the Departme	ent of State's	ne applicable records.	statutory mi	ng requirem	ents, this date	Mistaid os M	jea
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	concifies a de	elayed effec	tive date,	but not ar	effective	time, at 1	2:01 a.m.	of the egr	ier
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Filing Fee: \$25.00