L15000103812

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
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COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	RMH MOR	TGAGE HOLDINGS LLC		
Sebsect.		Name of Lim	ited Liability Company	
			•	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		CHRISTOPHER DESRO	CHERS	
			Name of Person	
		CHRISTOPHER A DESR	OCHERS, PL	
			Firm/Company	
		2504 AVENUE G NW		
			Address	
		WINTER HAVEN FL 33	880	
			City/State and Zip Code	
		cadlawfirm@hotmail.com	to be used for future annual report notifi	(Analism)
D = 6(1	.		•	ication)
ror rurtner in	itormation co	incerning this matter, please ca	all:	
CHRISTOPI	HER DESRO	CHERS	863 299-8309 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

RMH MORTGAGE HOLDINGS LLC		
(Name of the Limited Liabili (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	company were filed on 06/15/2015	and assigned
Florida document number L15000103812	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 5 [A[[
(Principal office address MUST BE A STREET ADD)	ZESS)	<u> </u>
	 	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		05 7
		ŠE 2
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	;;'.	
	Enter Florida street address	
· -	, Flori	
	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

 \mathcal{F}

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 Title **Name Address** Type of Action JEFFREY K HOMFELT MGR **639 AVE A NW** bbA □_ WINTER HAVEN FL 33881 Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ĀS. Remove <u>∵</u>□ Add ਨ Remove ☐ Change _□ Add

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Effective data if other than the date of filing.		-	
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	suant to 60: not be list	5.0207 (3 ted as th)(b e
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to The 90th day after the record is filed.	the earl	ler of:	
Dated September 22 2015	_ '	N3	
Du H	SECRE	2015 OCT	c
Signature of a member or authorized representative of a member	ASS ASS	_	
JEFFREY K HOMFELT	SE Y	N	*

Page 3 of 3

Filing Fee: \$25.00