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FALLAHASSY F THOMPA

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
cun	Knox Servi	cing, LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		Todd Buchman		
		<u> </u>	Name of Person	
		Fluent Servicing, LLC		
		, <del></del>	Firm/Company	
		82 NE 26th St, Unit #110		
		Miami, FL 33137	Address	
		ivilatii, 11, 33131		
		todd.buchman@getfluent.co	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For f	urther information e	oncerning this matter, please ca	all:	
Caro	line Riley		305 900-6266	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
<b>∃</b> \$	325.00 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

Knox 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 July 1, 2015 Florida document number L15000113596 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fluent Servicing, LLC The new name must be distinguishable and contain the words "I united Unitity Company," the designation "I I C" or the abbreviation "L I AC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Type of Action Address **Title** <u>Name</u> \_□ Add \_□ Remove \_□ Change \_□ Add Remove ☐ Change □ Add ☐ Remove ☐ Remove \_\_\_\_\_ Change

□ Remove

☐ Change

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	-	DRIJ.
	May 20, 2019	
ective date, if other than th	e date of filing:	(optional)
effective date is listed, the date meters If the date inserted in this	ust be specific and cannot be prior to date of filing block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605,020 filing requirements, this date will not be listed a
rument's effective date on the	Department of State's records.	- 1
record specifies a delay he 90th day after the re		ive time, at 12:01 a.m. on the earlier o
ed May 20	2019	
A Michigan		
TX VIVE	Signature of a member or authorized represer	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00