## L16 000076179

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
|   |  |  |  |
| J. DENNIS 10-15-24                      |  |  |  |

Office Use Only



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Ret. 10/04/24



## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

McWhorter Mortgage LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: William Brandon McWhorter Name of Person McWhorter Mortgage LLC Firm/Company 200 E Tillman Ave Address Lake Wales FL 33853 City/State and Zip Code brandon@mcwhortermortgage.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: W Brandon McWhorter Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on of (A Florida Limited Liability Company)  he Articles of Organization for this Limited Liability Company were filed on $\frac{\text{April. 18}}{\text{Lorida}}$ lorida document number $\frac{\text{L}16000076179}{\text{L}}$ . |                         | and assigned        |
|---|-------------------------|---------------------|
|   | . 2016                  | and assigned        |
| L 15 - L L 16000076179  |                         |                     |
| iortua document number  |                         |                     |
| his amendment is submitted to amend the following:  |                         |                     |
| . If amending name, enter the new name of the limited liability company here:   |                         |                     |
| Ridgeview Mortgage Group LLC  |                         |                     |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designal   | ion "LLC" or the al     | breviation "L.L.C." |
| nter new principal offices address, if applicable:  |                         | ·                   |
| Principal office address MUST BE A STREET ADDRESS)  | 10                      | 2021                |
| incipal office address in OST Dr. A STREET ADDRESS;   | :- Z                    | 8 8                 |
|   |                         |                     |
|   | 7.5.                    |                     |
| inter new mailing address, if applicable:   | · : 17 <                | 국 <b>구</b> ㅁ        |
| Mailing address MAY BE A POST OFFICE BOX)   |                         | <u> </u>            |
|   | <u> </u>                | <u> </u>            |
|   | <u>;</u>                | ··· <b>o</b>        |
| 3. If amending the registered agent and/or registered office address on our record  | s, <u>enter the nan</u> | ie of the new regis |
| gent and/or the new registered office address here:   |                         |                     |
|   |                         |                     |
| Name of New Registered Agent:   |                         |                     |
| New Registered Office Address:  |                         |                     |
| Enter Florida str   | eet 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.

City

Zip Code

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 |
|--------------|-----------------|-------------------------|----------------|
| VP           | Chad B Williams | 1748 HIGHLAND PARK DR S | <b>≣</b> Add   |
|              |                 | LAKE WALES FL 33898     | □Remove        |
|              |                 |                         | ☐Change        |
| VP           | Andrea L Jahna  | 234 ACACIA WALK         | ■Add           |
|              |                 | LAKE WALES FL 33898     | □Remove        |
|              |                 |                         | □Change        |
|              |                 |                         |                |
|              |                 |                         | □Remove        |
|              |                 |                         | □Change        |
|              |                 |                         | □Add           |
|              |                 |                         | Remove         |
|              |                 |                         | □Change        |
|              |                 |                         | □ Add          |
|              |                 |                         | □Remove        |
|              |                 |                         | Change         |
|              |                 |                         | □Add           |
|              |                 |                         | □Remove        |
|              |                 |                         | □ Change       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated October 3rd 2024 Signature of a member or authorized representative of a member William Brandon McWhorter Typed or printed name of signee