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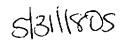
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COVER LETTER

Division of Co				
	JM REALTY, LLC.			
SUBJECT:	Name of Limited Liability Company			
	of Amendment and fee(s) are submitted for filing.			
Please return all corresp	pondence concerning this matter to the following:			
	DAVID EDWARDS			
	Name of Person	-		
	IMPERIUM REALTY, LLC.			
	Firm/Company	-		
	1216 PATRICK ST			
	Address	=		
	KISSIMMEE, FL34746			
	City/State and Zip Code DEDWARD80712@GMAIL.COM	٠.	~ā∙	
	E-mail address: (to be used for future annual report notification)	:-	भेडान गर्भ द्व	. 7.7
For further information	concerning this matter, please call:			م سے د م سے ب
DAVID EDWARDS	786 828-1405	•	6.7	• •
Name	at ()	*	· >	
Enclosed is a check for	the following amount:		20	
\$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 File Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified (additional conditional condition	ite of Si Copy	atus &	

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

IMPERIUM REALTY, LLC.						
(Name of the Lin	ited Liability Cor (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)	•	_
		my were filed on	/06/2017		and	assigned
is amendment is submitted to amend the fo	llowing:			.C" or the abbreviation "IIC."		
If amending name, enter the new name	of the limited li	ords "Limited Liability Company here: N/A				
ST NATIONAL LENDER LLC					the name of the	
e new name must be distinguishable and contain the	words "Limited Li	ability Company," the d	esignation "LLC"	or the ab	breviation	"IIC."
nter new principal offices address, if appli	icable:	N/A				
rincipal office address MUST BE A STRE	ET ADDRESS)	<u> </u>				
iter new mailing address, if applicable:		N/A				
ailing address MAY BE A POST OFFICI	EBOX)					
				-	4	
			our records,	<u>enter</u>		<u>e of the</u>
astered agent and/or the new registered (office address n	<u>iere</u> :			2	1
Name of New Registered Agent:	N/A			•	≥ _	
New Registered Office Address:				-		مراجع الم
		Enter Flor	ida street address	,	er the name of	
			Flor	ida _		
The Articles of Organization for this Limited Liability Comparization document number [Introduction 1893] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited list NATIONAL LENDER LLC The new name must be distinguishable and contain the words "Limited List new name must be distinguishable and contain the words "Limited List 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 registered agent and/or the new registered office address had a NIA Name of New Registered Agent:	City			Zip Coe	le .	

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
N/A			
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			Change
			Add
			Remove
			Change
			Remove
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ective date, if other tha	an the date of filing:				(optional)		
e: If the date inserted in	ate must be specific and caure this block does not meet to the Department of State	the applicable st					
record specifies a de ne 90th day after th	elayed effective date se record is filed.	, but not an	effective tir	me, at 12	:01 a.m. (on the ea	rlie
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00