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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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| SUBJEC | ·T. | RELIABLE MORTGAGE SERVICES LLC | | |
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| SUBJEC | | Name of Limited Liability Company | - | |
| The enclo | osed | Articles of Amendment and fee(s) are submitted for filing. | | |
| Please ret | turn | all correspondence concerning this matter to the following: | | |
| | | MARSHA SIHA | | |
| | | Name of Person | | |
| | | INCFILE.COM LLC | | |
| | | Firm/Company | _ | |
| | | 17350 STATE HWY 249 SUITE 220 | | |
| | | Address | | |
| | | HOUSTON TX 77064 | | |
| | | City/State and Zip Code | | |
| | Division of Corporations RELIABLE MORTGAGE SERVICES LLC 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: MARSHA SIHA Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 SUITE 220 Address HOUSTON TX 77064 | | | |
| | | E-mail address: (to be used for future annual report notification) | AFE E |) |
| For furthe | er in | formation concerning this matter, please call: | in i | ָ ֖֓֞ |
| MARSH. | A S | | मुझ ए |) [|
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Enclosed is a check for the following amount:

■ \$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

RELIABLE MORTGAGE SERVICES 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 02/05/2018 and assigned Florida document number L18000031067 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 mame 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 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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR ≐ · Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|-------------------|------------------------|----------------|
| AMBR | Michael MacKenzie | 32 Abyssinian Way | □ Add |
| | | Ladera Ranch, CA 92694 | Remove |
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| D. If a | mending any other information | on, enter change(s) he | re: (Attach additio | nal sheets, if necess | ary.) |
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| E. Eff | ective date, if other than the did effective date is listed, the date must be | ate of filing: | or to date of filing or mo | re than 90 days afte€#I | al) U |
| <u>No</u> | te: If the date inserted in this bloc cument's effective date on the Dep | k does not meet the app | licable statutory filing | requirements, this d | ate will not be listed as the |
| If the (b) T | record specifies a delayed The 90th day after the reco | effective date, but r d is filed. | not an effective ti | me, at 12:01 a.r | n. on the earlier of: |
| Dai | ted February 23 | . 2018 | · | | |
| | Custine & | M The | thorized representative | of a member | |
| | | | uma representative t | or a memost | |
| | Cristina del Toro - AMBI | | nted name of cionos | | |
| | | i yped or pri | nted name of signee | | |

Page 3 of 3

Filing Fee: \$25.00