118000125423

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COVER LETTER

	Registration Se Division of Cor		_		
SUBJEC	NATIONW	IDE MORTGAGE DIRECT I	TC .		
SUBJEC	·I:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	tum all correspo	ndence concerning this matter	to the following:		
		DANIEL SHEPS			
	Name of Person				
	NATIONWIDE MORTGAGE DIRECT LLC				
	Firm/Company				
17021 N BAY ROAD, APT #824					
			Address		
		SUNNY ISLES BEACH,	FL 33160		
City/State and Zip Code					
DANIEL@NATIONWIDELENDINGDIRECT.COM					
			to be used for future annual report notifica	ation)	
For furth	er information c	oncerning this matter, please c	all:		
DANIEL	SHEPS		786 208-1291		
	Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$2 5.0	00 Filing Fce	☐ \$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 Addres Registration S	Section	Street Address: Registration Secti		
	Division of C	orporations	Division of Corpo	orations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

NATIONWIDE MORTGAGE DIRECT LLC

(Name of the Limited Lightlity Company as it now appears on our records.)

(A Florida Limited L	liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000125423		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	 -	7020
		AP
Enter new mailing address, if applicable:		S 200 200 200 200 200 200 200 200 200 20
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address , Flori	da

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
MGR	Avner Danoa	17021 NORTH BAY RD UNIT 824	■Add
		SUNNY ISLES BEACH FL 33160	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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		elayed effectiv e record is fil		not an effec	tive time, at 1	l2:01 a.m. on (the earlier c
	L 7TH		2020	·			
ted APR	· <u>-</u>		H-				
ted APR		Signature	Carnember or a	uthorized represe	entative of a member	er	

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Filing Fee: \$25.00