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Special Instructions to Filin	g Officer:	
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COVER LETTER

Division of C	orporations		
	t Mortgage		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Almir Krivdie		
		Name of Person	
	SafePoint Mortgage		
		Firm/Company	
	5801 Ulmerton Rd. Suite I	203	
		Address	
	Clearwater, FL, 33760		26
	almirkrivdic@hotmail.com	City/State and Zip Code	2022 OCT 20 ation)
	E-mail address; (to be used for future annual report notific	ation) · · ·
For further information	n concerning this matter, please c	rall:	7:2 2:3
Almir Krivdic		727 269-3030	دى ئ
Name	of Person	at () Area Code Daytime 1	Telephone Number CO
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 Addr		Street Address:	ion
Registration Division of	Corporations	Registration Section Division of Corporate Cor	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Countryside Home Loans 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 $\frac{07/12/2018}{1}$ Florida document number 1.18000168800 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SafePoint Mortgage LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5801 Ulmerton Rd. Suite 203 Enter new principal offices address, if applicable: Clearwater, FL. 33760 (Principal office address MUST BE A STREET ADDRESS) 5801 Ulmerton Rd. Suite 203 Enter new mailing address, if applicable: Clearwater, FL. 33760 (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 City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		_	□Add
			□Remove
			□Change
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			□Remove
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			Remove
			□Change
			□Add
			□Remove
			D.C.L.

Effective date, if other than the date of filing: September 01, 2022 (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 Notes: 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. 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 cord is filed. Dated August 29 2022 Albut Krivdic Albut Krivdic		
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		representative of a member

Filing Fee: \$25.00