

L19000051465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

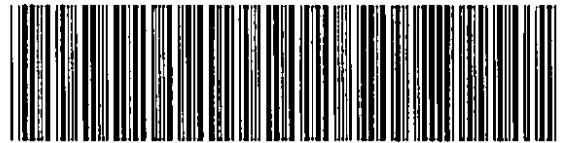
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
APR 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CKO MORTGAGE LOAN PROCESSING 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:

Charlotte Kaye Lemus

Name of Person

CKO MORTGAGE LOAN PROCESSING LLC

Firm/Company

17603 CRANBROOD DR

Address

LUTZ, FL 33549

City/State and Zip Code

KOMORTGAGEPROCESSING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAYE LEMUS

813 2940584
at ()

Name of Person

Area Code

Daytime Telephone Number

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

STATE OF FLORIDA
TALLAHASSEE

2019 MAR 23 PM 3:13

FILED

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

CKO MORTGAGE LOAN PROCESSING 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 02/21/2019 and assigned
Florida document number L19000051465.

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 "L.L.C."

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHARLOTTE KAYE LEMUS

New Registered Office Address:

17603 CRANBROOK DR

Enter Florida street address

LUTZ

City

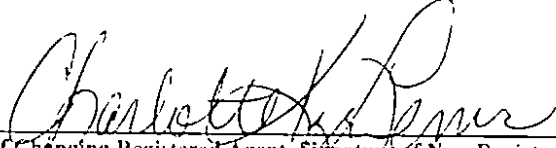
Florida

33549

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CHARLOTTE KAYE LEMUS	17603 CRANBROOK DR LUTZ, FL 33549	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAYE O LEMUS MS	17603 CRANBROOK DR LUTZ, FL 33549	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2014 MAR 3 PM 3:14
STATE OF FLORIDA
DEPARTMENT OF REVENUE


2019 MAR 28 PM 5:03
FLA. DEPT. OF CORRECTIONS
TALLAHASSEE, FLORIDA

2019 MAR 28 PM 5:03
FBI - LOS ANGELES
FBI - LOS ANGELES

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.

Dated 03/22/2019

22/2019



Signature of a member or authorized representative of a member

Typed or printed name of signee