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(Req	uestor's Name)	
(Add	ress)	
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(City)	State/Zip/Phon	e #)
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COVER LETTER

SUBJECT: HCTV	L Morsafl Name of Lim	Cans, CCC	
	mendment and fee(s) are sub		
Please return all correspond	lence concerning this matter	to the following:	
	Alexa	anda Pont Name of Person	·
		HORTYAGE LO	
	3200 Ba	willy In #	198
	Naples	FL 34105 City/State and Zip Code	
	E-mail address:	to be used for future annual report notifi	Davis, Com
For further information cor	neerning this matter, please c	all:	
Ale xandra	Plut	at (239) 687	7221
Name of F	CTSOII	Area Code Daytime	retephone (valuori
Enclosed is a check for the			
□ \$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 Sc		Street Address: Registration Sec	rtion _

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

Division of Corporations

TO:

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Active Mortxa	u loans. LLC
(Name of the Limited Liabilit (A Florida	tv Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L</u> 1900069438	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	:: _ <u></u>
	O) Same
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of thé flew registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
N. D. C. LA G. C. C. C. L. Completenson	3.4

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 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>	Name	Address	Type of Action
MGR	Elieca Popuz	3200 Bailey In #198 Naplez, FL 34105	□Add
		Naples, FL 34105	[[Remove
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Tective date, if other than the date of filing: OD OC an effective date is listed, the date must be specific and cannot be prior to cote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	1/2020 late of filing or more the e statutory filing req	an 90 days ance in	յութ., լ ա ձա	ant to 605.0 of be listed
record specifies a delayed effective date, but not an effective time I is filed.	at 12:01 a.m. on the	e earlier of: (b)	The 90th	day after t
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$\frac{020}{2020}$				
Dated 02/09 2020 AUXUNUM POULT Signafure of a member or authorize				

Filing Fee: \$25.00