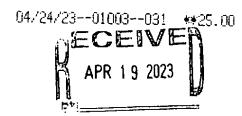
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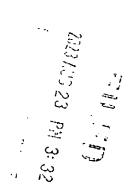
(Re	questor's Name)
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PICK-UP	☐ WAIT ☐ MAiL
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(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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S. CHATHAT 00405223397

AUG 25 2023







June 1, 2023

ALBERO CRUZ 5332 HAWFORD CIRCLE ORLANDO, FL 32835 US

SUBJECT: NELLA MORTGAGE BANK, LLC

Ref. Number: W23000076791

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 023A00012419

Summer Chatham Regulatory Specialist III

www.sunbiz.org

DocuSign Envelope ID: D176DC6A-1634-4D64-8C26-9BC0AD557029

TO:

Registration Section

Division of Corporations JKL LEASING & INVESTMENTS, LLC SUBJECT: _ 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: Alberto Cruz Name of Person Loveworks Staffing LLC Firm/Company 5332 HAWFORD CIRCLE Address ORLANDO, FL 32835 City/State and Zip Code admin@afnworks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 344-1319 Crystal Ceja Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

DocuSign Envelope ID: D176DC6A-1634-4D64-8C26-9BC0AD557029 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Lim	ited Liability Company as it now app. (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
Nella Funding, LLC		10
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if appli	icable:	J ÁL
(Principal office address MUST BE A STRE	ET ADDRESS)	<u>\</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		records, enter the name of the new register
Name of New Registered Agent:	LOVEWORKS STAFFING LL	.c
New Registered Office Address:	5332 HAWFORD CIRCLE	
-	Enter F	lorida street address
	Orlando	, Florida 32812
	City	Zip Code

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.

	DocuSigned by:	
	Alberto Cruz	
If Changing Registered Agent, Signature of New Registered Agent		

DocuSign Envelope ID: D176DC6A-1634-4D64-8C26-9BC0AD557029
Trainenuing Authorized rerson(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
			□Add
			□Remove
			□Change
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			□Remove
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ffective date, if other than the d	be specific and cannot be prior to date of filing or more thank to does not meet the applicable statutory filing requ	
Tote: If the date inserted in this bloc ocument's effective date on the Dep	date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Tote: If the date inserted in this bloc ocument's effective date on the Dep record specifies a delayed effective of this filed.		earlier of: (b) The 90th day after the
Tote: If the date inserted in this bloc ocument's effective date on the Dep record specifies a delayed effective	2023	
Fote: If the date inserted in this bloc ocument's effective date on the Department's effective date on the Department's a delayed effective of is filed. June 21st	2023	SOUZA

Filing Fee: \$25.00