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(	(Requestor's Name)
	(Address)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





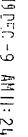
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C. GOLDEN

DEC - 9 2019



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: B9B MORT 6	CAGE 11C
Name	e 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:
PAU	Name of Person
<u> 15 &amp; 15</u>	MORTGAGE, LLC Firm/Company
	OUTH ATLANTIC AURNUE
DAYTONA Paul Boom	City/State and Zip Code  NEC MOHOMOHOGIGE . COM  Idress: (to be used for future annual report notification)
E-mail ac For further information concerning this matter, p	
PAUL BOONE Name of Person	at (386) 67.5 1228  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2319 D=0 -9 AH 11: 24

BÉB MORTGAGE, L	L. C. Iny as it now appears on our records.) Liability Company)
( <u>Same of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000182938</u>	were filed on 7/26/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3340 S. ATLANTIC AVENUE
(Principal office address MUST BE A STREET ADDRESS)	DAYTONA BEACH SHORES FL 32118
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3340 S. ATLANTIC AVENUE DAYTOWA BEACH SHORES FL 32118
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 3340	Sc ATLAWTIC AVENUE  Enter Florida street address
DAYTOWA BEA	City SHORES Florida 32118 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

or removed ii	om our records.		
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Title	<u>Name</u>	Address	Type of Action
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PAUL BOOKE  Typed or printed name of signee	P <sub>A+1</sub>	Popul			

Filing Fee: \$25.00