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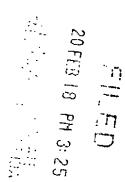
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3/9/20

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	L SECURE LENDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nigel Alston		
		Name of Person	
	NATIONAL SECURE LE	NDING LLC	
		Firm/Company	
	10097 Cleary Blvd #155		
		Address	
	Plantation, Florida 33324		
		City/State and Zip Code	
	nigel.alston@gmail.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	otification)
Nigel Alston		754 246-7103	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	LP 24214	2410 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL SECURE LENDING LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L20000041660	vere filed on 2/4/2020 and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Proper Mortgage Group LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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)	20	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Idress on our records, enter the name of the new reg	T
	. Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with an rovided for in Chapter 605, F.S. Or, if this documen	ıd

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>	Address	Type of Action
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			□ Remove
			Change
			Remove
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Effective date, if other that fan effective date is listed, the date	n the date of fil	ling:	r to date of tiling o	more than 90 days	optional)	nt to 405 0207
Note: If the date inserted in document's effective date on	this block does no	ot meet the applic	cable statutory fi	ling requirements	this date will no	t be listed as
	Τ					
e record specifies a delayed e rd is filed.	ffective date, but	not an effective t	ime, at 12:01 a.n	n. on the earlier o	of: (b) The 90th of	lay after the
Dated		2020				
		<i>7/1 ///</i>	<del></del>			
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Filing Fee: \$25.00