120000061015

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status
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04/28/22--01012--028 **25.00

FILED 2022 APR 28 PH 4: 41 FALLAHASSEE, FLORIDA

'JUN 2 0 2022 S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations

Rescue Mortgage 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:

William J Petroff Name of Person Rescue Mortgage LLC Firm/Company 1040 Lenox Ave #1040 Address Miami Beach, FL 33139 City/State and Zip Code bill@myrescuemortgage.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 313-7433 William J Petroff at (Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee. □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: 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

	U)F	FILE PR 28		
Rescue Mortgage LLC			FILED PR 28 PI		
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	ASSEE FLORI		
The Articles of Organization for this Limited I.	iability Company	were filed on <u>2/23/2020</u>	and assigned		
Florida document number 1.20000061015					
This amendment is submitted to amend the follo	owing:				
A. If amending name, <u>enter the new name o</u>	<u>f the limited liab</u>	<u>ility company here</u> :			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."		
Enter new principal offices address, if applic	able:	1040 LONOX AVE # 104	0		
(Principal office address MUST BE A STREET ADDRESS)		Miami Beach FL 33	139		
Enter new mailing address, if applicable:		1040 LENOY ANE #101	40		
(Mailing address MAY BE A POST OFFICE BOX)		NIAMI BEACH FL 3			
B. If amending the registered agent and/or t	registered office :	address on our records, <u>enter the nam</u>	ie of the new registered		
agent and/or the new registered office addre	<u>ss here</u> :				
Name of New Registered Agent:	<u>.</u>				
New Registered Office Address:	1040 Lenox Ave #1040				
		Enter Florida street address			
	Miami Beach	, Florida <u>33</u>	1.39		

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.

City

Zip Code

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Change
			🗆 🖂 🖂
			□Change
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			🗆 Remove
			□Change
			🗆 Add
			□Change
			🗔 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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_ (optional) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 202 FALL

Dated April 23	2022	- AHA	2 APR	
NTS	Signifure of a member or authorized representative of a member	SSEE,	19 B2	
William J Petroff		STATE LORIDA	1 + : 4	
	Typed or printed name of signer			

Typed or printed name of signee