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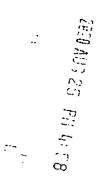
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COVER LETTER

	egistration Se ivision of Cor				
SUBJECT		Mortgage Advisors, LLC			
SUBJECT	:	Name of Lin	aited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	rn all correspo	ndence concerning this matter	to the following:		
		Christian C. Walters, Esq.			
			Name of Person		
		Barry L. Miller, P.A.			
			Firm/Company		
		11 N. Summerlin Ave., St	e. 100		
			Address		
		Orlando, Florida 32801			
			City/State and Zip Code		
		dalia@nationwidemortgage	advisor.com		
		E-mail address: (to be used for future annual report notific	ation)	
For further	information co	oncerning this matter, please c	all:		
Christian C	C. Walters, Esc	1-	407 581-2964 at ()		
Name of Person				elephone Number	
Enclosed is	a check for th	ne 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:			Street Address:		
Registration Section Division of Corporations			_	Registration Section Division of Corporations	
	O. Box 632		•	The Centre of Tallahassee	
Ta	allahassee, F	FL 32314	2415 N. Monroe S	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AUG 25 PM 4:58

Nationwide Mortgage Advisors, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2/27/2020}{1}$ and assigned Florida document number L20000075667 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Barry L. Miller, P.A. Name of New Registered Agent: 11 N. Summerlin Ave., Ste. 100 New Registered Office Address: Enter Florida street address , Florida 32801 Zip Code Orlando City

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 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 2029 AUS 25 PH 4: 59 Title Address Type of Action Name __. __ □ Add ______ □Change __ □Remove ___ □Remove

Page 2 of 3

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ffective date, if other than the an effective date is listed, the date must be locument's effective date on the D	st be specific and cannot be pr ock does not meet the app	for to date of filing or more than licable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
e record specifies a delayed The 90th day after the rec	d effective date, but roord is filed.	not an effective time, a	t 12:01 a.m. on the earlier c
ated	2020		
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	Signature of a member of an	inorized representative of a men	noer
Dalia Elbiherie		•	

Page 3 of 3

Filing Fee: \$25.00