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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	M Mortgag	e Windermere, LLC				
SUBJECT:		Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub	_			
		Jessica Torres				
Name of Person					-	
		M Mortgage Windermere,	LLC			
			Firm/Company		-	
		1511 E Robinson Street				
			Address		-	
		Orlando, FL 32801				
		jtorres@vipmortagegroup.c	City/State and Zip Code		2021 1202	Ø
		E-mail address: (to be used for future annual report notifi	cation)	ZOZI MAR I	T
For further in	iformation co	oncerning this matter, please co	all:	-	=	
Jessica Torre	:s		407 544-4615 at ()	:	. >	
	Name of	f Person		Telephone Number	90 t	Ö
Enclosed is a	check for th	e following amount:			•	
≣ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Reg	ling Address distration S dision of Co		Street Address: Registration Sect Division of Corp			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M Mortgage Windermere, 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 July 7, 2020 and assigned 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, 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
MGR	Jessica Torres-Estrada	9382 Ravens Willow Dr	≡ Add
		Orlando, FL 32827	□Remove
		Please Amend the title and the address.	☐ Change
			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
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fective date, if other than the date of filing:	(1	optional)	-	
on effective date is listed, the date must be specific and cannot be prior to date of filing or more of the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	than 90 days	after filing.) I	ursuant tall not be	o 605,020° 2 listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t is filed.	the earlier o	f: (b) The	90th day	after the
ted March 8 2021				
Linicatur				
Signature of a member or authorized representative of a	a member			_