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COVER LETTER

TO:

Registration Section Division of Corporations

M Mortgag	ge Windermere, LLC		
SUBJECT:	Name of Lin	nited 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:	
	Jessica Torres		
		Name of Person	
	M Mortgage Windermere,	LLC	
	-	Firm/Company	
	1511 E Robinson Street		
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	jtorres@vipmortgagegroup	.com	
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
Jessica Torres		407 544-4615	
Name o	f Person	at () Area Code Daytim	ac Telephone Number
Enclosed is a check for the	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Solvision of Control P.O. Box 632	Section Corporations C7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations l'allahassee e 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 $\frac{07/07/2020}{1}$ and assigned Florida document number 1.20000193725 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 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 , Florida

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

<u>Title</u>	Name	Address	Type of Action
MGR	Jessica Torres-Estrada	9382 Ravens Willow Dr Orlando, FL 32827	≣∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
		TÁL ÁHA	2021 APR
		AHASLEEFLORIDA	
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			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.	Please ammend the regis	tration with her correct name and the MGR Title	2.
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