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OCT 15 2020

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: Who	le Sale Dia Name of Lim	ect Motgages ited Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person E Diract Mor	
	5351 NI	al in the Kerry	NF)
		N 106th BRICE Address	
	CORAL SP	PRINGS FL 33	.076
	Karen Q.	City/State and Zip Code	ect mortgages. com
			ification)
	oncerning this matter, please co		
Karen Mill	s Dickinson	at (954) 820 Area Code Daytin	65000
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
≥\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wholesale birect Mortgares (Name of the Limited Liability Company as it now appear on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w Florida document number <u>L. 2</u>	ere filed on Tale	2020 and assigned
Florida document number <u>L 2 0000 2 / 173 7</u>		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
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)	<u></u>	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac	ldress 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	
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Chang	ing Registered Agent, Sign	nature 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 SEF -4 Pit 6: 29 Type of Action **Title** <u>Name</u> 535/NW 106th DR. □Add MGR Nichola Occ Coral Springs, FL 33076 Memove _____ Change _____ □Remove _____ □Change _____ 🗀 Add _____ □Remove ______ Change _____ Remove □Add _____ □Change _____ □ Add _____ □ Change

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	2070 St.F1; PH 6: 29
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fective date, if other than the date of filing:n effective date is listed, the date must be specific and canrote: If the date inserted in this block does not meet cument's effective date on the Department of State'	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the applicable statutory filing requirements, this date will not be listest records.
is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Karen MILLS KAREN MILLS Type	020
, ,	

Filing Fee: \$25.00