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Office Use Only

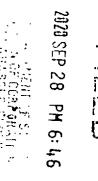


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COVER LETTER

TO:	Registration S Division of Co			
CI:DIE	C7111	Direct Mortgages LLC		
SUBJE	u: <u> </u>	Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sub ondence concerning this matter	-	
riease n	eturn an corresp	ondence concerning this matter	to the following.	
		Karen Mills Dickinson		
			Name of Person	
		Wholesale Direct Mortgag	es LLC	
Firm/Company				
		5351 NW 106th Drive		
		- -	Address	
		Coral Springs, FL 33076		
			City/State and Zip Code	
		karen@wholesaledirectmor E-mail address: (tgages.com to be used for future annual report notifi	ication)
For furth	ner information	concerning this matter, please c		
Karen N	Mills Dickinson		954 826 5000 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for	the following amount:		
Æ \$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 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

Wholesale Direct Mortgages LLC

(A)	Florida Limited Li	ability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number L20000211737	bility Company v	vere filed on July	20, 2020	and assigned.
This amendment is submitted to amend the follow	ving:			温のま
A. If amending name, enter the new name of t	<u>he limited liabil</u>	ity company her	<u>·e</u> :	16
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the des	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Unter new mailing address if applicables				
Enter new mailing address, if applicable:	010			
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or reg	gistered office ac	ldress on our rec	cords, enter the i	name of the new registered
agent and/or the new registered office address	here:			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florid	la street address	
			, Florida	1
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete pered agent as pr gistered office a	erformance of n ovided for in Ch	ny duties, and La napter 605, F.S.	am familiar with and Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Karen Mills Dickinson	5351 NW 106th Drive	■Add
		Coral Springs, FL 33076	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	n this block does not meet	the applicable s	of filing or more than tatutory filing requi	(optional) 90 days after filing.) Purements, this date will	rsuant to 605.0207 (3 I not be listed as th
the record specifies a delayed ford is filed.	effective date, but not an e	effective time, a	: 12:01 a.m. on the	earlier of: (b) The 90	Oth day after the
Dated September 17		020			
Ko	Signature of a memb	Del	(inko-	and the	
Karen Mills Dic		per or authorized	representative of a me	moer	
	Тур	ed or printed nan	e of signee	<u> </u>	

Filing Fee: \$25.00