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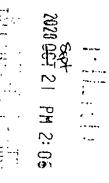
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10/31/20

COVER LETTER

Registration Section Division of Corporations

TO:

			-
SUBJECT:	Tu casa my home n		
	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:	
		Jose G. Perez	
		Name of Person	- 1
	Tu casa	my home mortagage llc	No of the last of
		Firm/Company	
			2
	3501	W Vine St #344	P
		Address	7. 7.
			PH 2: 06
		Kissimmee, Fl 34741	<u>></u>
		City/State and Zip Code	
	<u> </u>	ucasamyhome@gmail.co	om
	h-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
		407 739 4	757
Jose G.	Perez of Person	at (<u>407</u> , <u>728-4</u>	<u>/5/</u>
Name c	of Person	Area Code Davin	ne Telephone Number
Enclosed is a check for t	he following amount:		
※ \$ 25.00 Filling 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 Addres		Street Address:	
Registration 1		Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee.			De Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Tu casa my home mortagage llc (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

08/05/2020

Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent are provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this cape applete performance of my ant as provided for in Chap	Zip Code Zip Code Icity. I further agree to comply with the duties, and I am familiar with and oter 605, F.S. Or, if this document is
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's Signature, if cha	City Agent:	, Florida Zip Code
		, Florida
	Enter Florida s	
	Entor Florido y	treet address
Name of New Registered Agent:		· · · ·
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
* * * * * * * * * * * * * * * * * * * *		
Enter new mailing address, if applicable:		200 A 100 A
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new principal offices address, if applicable:		22
The new name must be distinguishable and contain the words "Limited	d Liability Company." the design	nation "LLC" or the abbrevention "LLC."
A. If amending name, enter the new name of the limite Tu Casa My Home Mortgag		-1 2 3
A If amounting warms and a the new name of the limits	d liability aansnang havar	
_		
This amendment is submitted to amend the following:		
-	<u>)</u> /	

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
			□Add
			□Remove
			□Change
			□Add
			Rêmove D'Change
			P □Change 22 RF 0 □Add
			□Remove
			□Change
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effecti <u>te:</u> If t	ive date is listed, the the date inserted	than the date of filing date must be specific at in this block does not on the Department of	nd cannot be prior meet the applica	o date of filing or n ble statutory filin	ore than 90 days a	ptional) iter filing.) this date v	Pursuant to 6 will not be li	05.020 sted a
cord sp s filed.		l effective date, but n	ot an effective tin	ne, at 12:01 a.m.	on the earlier of	: (b) The	90th day af	ter the
ed	Septem	ber 14th	2020					
			Juli	3				
		Signature of		rifyd representative	and a construction of			