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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

850-245-6051

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,



ORDER FORM

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 8/9/2021	PRIORITY Regular Approval	OUR REF.#.(Order_ID#)) 940311
ORDER ENTITY TB FINANCE, LLC		
PLEASE PERFORM THE FOLLO TB FINANCE, LLC (FL)	OWING SERVICES:	
File the attached amendment		
NOTES: \$25.00 Authorized	- · · · · · · · · · · · · · · · · · · ·	."
Email address for annual report r	eminders: adam@title-brothers.com	7
RETURN/FORWARDING INST	RUCTIONS:	- · · · · · · · · · · · · · · · · · · ·

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 9, 2021 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TB FINANCE, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/19/2020 and assigned
Florida document number 1.20000331501	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
DR, Mortgage, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1700 E. Las Olas Blvd., Suite 200
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1700 E. Las Olas Blvd., Suite 200 Fort Lauderdale, FL 33301
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code

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>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

	
	
	
	
	
(If an effective date Note: If the da	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
the record specific ford is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August	
	Signature of a member or authorized representative of a member
Ada	om Lohmann, as Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00