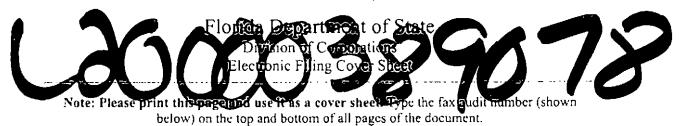
From: 9545833259

3/11/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC

Account Number : I20180000053 Phone : (954)583-3223 Fax Number : (954)583-3259

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

HAR 11 PH 1:03

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXURY MORTGAGE LENDING LLC

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COVER LETTER

TO: Registration Division of C						
CUDIF <i>CT</i>	LUXURY MOR	TGAGE LENDING, LLC				
SUBJECT:	Name of Limi	ted Liability Company				
	of Amendment and fee(s) are subspondence concerning this matter					
	ANITA N NORVELL					
		Name of Person				
	LUXURY MORTGAGE L	ENDING, LLC				
		Firm/Company				
	340 SUNSET DRIVE #1810 Address					
	FORT LAUDERDALE, F	L 33301				
		City/State and Zip Code				
	NOELLENORVELL@YA					
	E-mail address: (to be used for future annual report notif	ication)			
For further informatio	n concerning this matter, please ca	all:				
ANITA N NORVELI	-	727 243-7499				
Nam	e of Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a check fo	r the following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Ma	ILING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: FAX SERVICE

From: 9545833259

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY MORTG	AGE LENDING, LLC	
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/16/2020	and assigned
Florida document number L20000389078		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
EXCELLUXE MORTGAGE	LENDING, LLC	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, <u>ente</u> l <u>dress here</u> :	r the name of the ne
N. CNI D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	, Florida _	<u></u>
	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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			
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