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(((H22000320201 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

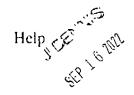
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Address:			
K:MAIL	AMMTARR:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RMC HOME MORTGAGE, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMC HOME	E MORTGAGE, LLO	-	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	<u></u>
The Articles of Organization for this Limited Liability Company	were filed on	01/11/2021	and assigned
Florida document number <u>L21000026388</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 Bradford Roa	d, Suite 200	
Principal office address MUST BE A STREET ADDRESS)	Wexford, PA 150	90	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 Bradford Roa Wexford, PA 1509	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recor	ds, <u>enter the na</u>	ne of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet 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
			□Add
			Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□ Add
			Remove
			🗆 Change
			🗆 Add
			□Change
			□Add

••	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
f an effectiv	date, if other than the date of filing:)207
document	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.	1 92
e record sp rd is filed.	pecifies 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	September 15th 2022	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Ashley Perkins, Attorney-in-Fact Typed or printed name of signee	

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