L21000026388

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Y. SCOTT

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COVER LETTER

Registration Section
Division of Corporations

TO:

RMC HOM	IE MORTGAGE, LLC		
30B3EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rebecca Thomas		
		Name of Person	
	Acrisure, LLC		
		Firm/Company	2023 HAY 30
	100 Ottawa Ave SW		HAVE
		Address	30
	Grand Rapids, MI 49503		PH 2: 26
		City/State and Zip Code	
	entitymanagement@acrisur		• •
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Rebecca Thomas		616 265-1734 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 7	Street Address: Registration Section of Coron The Centre of Table 2415 N. Monro	porations
		Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMC HOME MORTGAGE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/11/2021}{1}$ and assigned Florida document number _L21000026388 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

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
AMBR	Michael Dunn	189 S. Orange Avenue, Ste 970	□Add
		Orlando, FL 32801	□ Remove
			□Add
			[]Remove
		(Change Change Add
		<u>- 1 </u>	Z → Add
			PR Remove
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Signature of a member or authorized representative of a member								
		15:39 EDT)				_		

Filing Fee: \$25.00