L21 000 153537

(Requestor's Name)	· · · · ·
(Address)	
(Address)	
(Ch. Ch. b. 7; T) th	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	:
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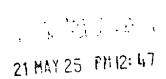
COVER LETTER

TO:	Registration Se Division of Co			
CHBIE	Loan Close	ers LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Becky Kreiser		
			Name of Person	
		Loan Closers, LLC		
			Firm/Company	1 · 18 · · · ·
		5436 Satin Leaf Court		
			Address	
		Sanford, FL. 32771		
			City/State and Zip Code	
		becky@loanclosersllc.com	to be used for future annual report notifi	
For furth	ner information c	oncerning this matter, please c		cation)
Becky I	Kreiser		925 9 05 299 2 7	05-2992
Name of Person Area Code Daytime Telephone Number		Telephone Number		
Enclosed	d is a check for th	e following amount:		
□ \$25.	.00 Filing Fec	□ \$30.00 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Loan Closers, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L21000153537	Company were filed on April 2, 2021	and assigned
This amendment is submitted to amend the following:	·	
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" of	or the abbreviation "llC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter th	e name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	, Flori	
	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

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 21 HAY 25 PH 12: 47

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Becky Dempster	5436 Satin Leaf Court, Sanford FL 32771	□Add
			□Remove
AMBR	Becky Kreiser	5436 Satin Leaf Court, Sanford FL 32771	□Add
		***only changing last name. Malden name was enter	ered □Remove
		in error as Authorized Manager/Member.	□Change
		Should be Kreiser, matching the Registered Agent.	
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			DAdd
			□ Remove
			Change

		1 A.
D. If amendi	g any other information, enter change(s) here: (Attach additional sheets, if necessary, 21 MAY 25	PH 12: 47
		
		
		
		
(If an effectiv <u>Note:</u> If th	te, if other than the date of filing:	
If the record sp record is filed.	rifies 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 Ma	2021 Signature of a member or authorized representative of a member	
) Becky Kreiser	
	Typed or printed name of signee	

Filing Fee: \$25.00