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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. MATTHEWS FEB 2 1 2022



RECEIVED

2022 FEB -7 PM 1:38

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations

TALLAHASSEE, FU

January 20, 2022

GRETEL COSTA 2965 SW 78TH AVE MIAMI, FL 33155

SUBJECT: PRIORITY MORTGAGE PROCESSORS LLC

Ref. Number: L21000162472

We have received your document for PRIORITY MORTGAGE PROCESSORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IF AMENDING AUTHORIZED PERSON(S) ENTER THE TITLE, NAME, AND ADDRESS OF EACH PERSON BEING ADDED OR REMOVED FROM OUR RECORDS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 622A00001500

COVER LETTER

O: Registration Section Division of Corporations	
DBJECT: Priority Mortgage Processors Name of Limited Dability Company 22 TEB-7 PH	3: 13:
the enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Priosaty Mostagoe Processoss UC Finn Company	
2965 SW 78th Ave	
9retel. Costa Co Qmail. Com E-mail address: (to be used for future annual report hotification)	
r further information concerning this matter, please call:	
Ore tel Costo at 786 338-1648 Name of Person Area Code Daytime Telephone Number	-
closed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee & Certificate of Status \$\Bigcup \$certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	tatus &
Mailing Address: Street Address:	

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

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

Priority Mo	ortage Pro	cessors -7 PH 3: 13			
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000162472</u>		04/07/2021 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	 -				
(Principal office address MUST BE A STREET ADDRE	<u></u>				
Enter new mailing address, if applicable:		·			
(Mailing address MAY BE A POST OFFICE BOX)		· — — — — — — — — — — — — — — — — — — —			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our re	cords, enter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	F LT	the street will be a			
	Enter Florida street address				
	City	, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Osmany Mederos	20211 SW 114th PL	□ Add
	•	20211 SW 114th PL Miami, FL 33189	□/Remove
			Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			□Change