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TALLAHASSEE, FLORID,

JUN 2 2 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Wigley Mo	rtgage Services LLC					
SUBJECT: Name of Limited Liability Company						
m						
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Julia Wigley					
		Name of Person				
		Firm/Company				
	120 Roann Dr					
		Address	· · · · · - · - ·			
	Oviedo, FL 32765					
		City/State and Zip Code				
	julia.wigley@gmail.com					
	E-mail address: (to be used for future annual report notif	fication)			
For further information co	oncerning this matter, please c	all:				
Julia Wigley		206 229-9463				
Name of Person		Area Code Daytime	e Telephone Number			
Enclosed is a check for th	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 Address		Street Address:	ation.			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wigley Mortgage Services 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 May 25, 2021 Florida document number L21000244732 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wigley Services LLC 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

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.

City

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
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			□ Change

D. If amending any other in	formation, enter	change(s) her	e: (Attach addi	tional sheets, if r	necessary.)			
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E. Effective date, if other the (If an effective date is listed, the one in Mote: If the date inserted in document's effective date of	this block does not	t meet the applic	able statutory fil	more than 90 days a fing requirements.	ptional) after filing.) Pu this date wil	irsuant to I not be	605.02 listed	207 (3 k as tne
If the record specifies a delayed or record is filed.	effective date, but n	ot an effective ti	ime, at 12:01 a.m	. on the earlier of	f: (b) The 9	Oth day	after tl	he
Dated April 27		2022						
d	m	In				TALL!	2022 MAY	
Julia Wigley	Eignature of	a member or authorized	orized representati	ve of a member		AHASSE	MAY -2	; <u> </u>
	· · · · · · · · · · · · · · · · · · ·	Typed or print	ed name of signee				2 PH	H_ED
						STATE	6: 53	

Filing Fee: \$25.00