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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Con			
SUBJECT: Nati	ionwide Morta	age Processing	LLC
	Name of Lim	ited Liability Company	2021 AU 1VIS 1971 TALLAH
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	NG-9 ASSEE
Please return all correspo	ondence concerning this matter	to the following:	RECEIVED 2021 AUG -9 PM 2: 38 DIVISION NUMBER OF TALLAHASSEE, FIRSTIONS)
	David	Poso 2	> ₹ 38
	<u> </u>	Name of Person	
	Nationwide	Firm/Company	irect
	2032,400ly	Address	uite 406
	Hollywood	City/State and Zip Code	<u>ingdirect</u> .com
For further information of	E-mail address: (concerning this matter, please c		fication)
David Per	C2.	ar(764) 7.34	-9698
Name c	of P e rson	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nationuide Mortage Rocessing, 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 we	ere filed on Jure so, 2025	and assigned
Florida document number June 18, 2024 LL	1000270570)
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Netionwide Mortage Process The new name must be distinguishable and contain the words "Limited Liability A remove te commo Enter new principal offices address, if applicable:	Company," the designation "L1.C" or the abl	previation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		•
-		
D. 16		
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, <u>enter the nam</u>	e of the new registered
the second state of the se		<u>-</u> -, , , , -
N. CN. B. C. L.		
Name of New Registered Agent:		· 0
New Registered Office Address:		1771 0
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
	······································			□Add
				🗀 Remove
				□Change
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(If an et Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	August 3rd Signature of a member or authorized representative of a member
	Typed or printed name of signee