## 121 000 365 089

| (F                      | Requestor's Name)      | <del></del> · |
|-------------------------|------------------------|---------------|
| ,                       | ,,                     |               |
|                         | Address)               |               |
| V                       | (duress)               |               |
|                         |                        |               |
| (,4                     | (ddress)               |               |
|                         |                        |               |
| (0                      | ity/State/Zip/Phone #) | -             |
| PICK-UP                 | ☐ WAIT                 | MAIL          |
|                         |                        |               |
| (B                      | usiness Entity Name)   |               |
|                         |                        |               |
| (D                      | ocument Number)        |               |
|                         |                        |               |
| Certified Copies        | Certificates of        | Status        |
|                         |                        |               |
| Special Instructions to | Filing Officer:        |               |
|                         |                        |               |
|                         |                        | Gra Jacoy     |
| I.                      | , cx/                  | 3017          |
|                         | 6,                     | · ' '))'      |
|                         |                        | -             |
|                         |                        |               |

Office Use Only



600373462636

09/20/21--01021--020 \*\*30.00

PILED

2021 SEP 20 PH 3: 22

SECRETARY OF SECULO

## **COVER LETTER**

| TO: Registration Section Division of Corporations |                      |  |               |
|---|----------------------|--|---------------|
| SUBJE   | CT:                  | * MORTGAGE NIC   |               |
| CODCE   |                      | Name of Limited Liability Company  |               |
|   |                      |  |               |
| The enc   | losed Articles of An | mendment and fee(s) are submitted for filing.  |               |
| Please re   | eturn all correspond | lence concerning this matter to the following:   |               |
|   |                      | DEBORAH XAVIER-VELEZ  Name of Person   |               |
|   |                      | Name of Person  OAX MORTGAGE; LCC  Firm/Company  |               |
|   |                      | Firm/Company   |               |
|   |                      | 540 CARellon PATRWAY #1126   |               |
|   |                      | St Petersburg Il 33716 City/State and Zip Code   |               |
|   |                      | City/State and Zip Code  (alegrand yaloo. com E-mail address: (to be used for future annual report notification)   |               |
| For furt  | her information con  | E-mail address: (to be used for future annual report notification)   |               |
|   |                      |  |               |
|   | ebucar               | HAVIER -VELET at (727) 564 - 2314<br>Person Area Code Daytime Telephone Number   | <u>.</u>      |
|   | Name of P            | Person Area Code Daytime Telephone Number  |               |
| Enclose   | d is a check for the | following amount:  |               |
| □ <b>\$</b> 25                                    | 5.00 Filing Fee      | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Is  Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | Status &<br>y |
|   | Mailing Address:     | Street Address: Registration Section   |               |
|   | Registration Se      |  |               |

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

FILED

2021 SEP 20 PM 3: 22

ability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_ 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 "L.L.C." 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 \_, Florida \_\_\_ 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 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            |
|--------------|----------------------|---|---------------------------|
| 4 <u>MGR</u> | DEBORAH XAYIER-VELEZ | 540 CARILLON PARKWAY 411                            | 21/ T/Add                 |
|              |                      | 540 CARILLON PARKWAY #116<br>St Peterstuig It 33716 | <mark>&gt;</mark> □Remove |
|              |                      |   | □Change                   |
|              |                      |   | □ Add                     |
|              |                      |   | Remove                    |
|              |                      |   | □Change                   |
|              |                      |   | □Add                      |
|              |                      |   | □ Remove                  |
|              |                      | <del></del>   | □Change                   |
|              |                      |   | □Add                      |
|              |                      | <del></del>   | □Remove                   |
|              |                      |   | □Change                   |
|              |                      |   | 🗆 Add                     |
|              |                      |   | □Remove                   |
|              |                      |   | □Change                   |
| <del></del>  |                      |   | □Add                      |
|              |                      | <del></del>   | Remove                    |
|              |                      |   | Chara.                    |

| n amer                  | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|-------------------------|---|
| _                       |   |
|                         |   |
| _                       |   |
| _                       |   |
| _                       |   |
| _                       |   |
| _                       | <del></del>   |
| _                       |   |
| _                       |   |
| _                       |   |
| _                       |   |
|                         |   |
|                         |   |
| _                       |   |
| If an effective Mote: I | re date, if other than the date of filing: 8/13/202 (optional)  tive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the not's effective date on the Department of State's records. |
| e record<br>rd is file  | 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 d.   |
| Dated _                 |   |
|                         | Signature of a member or authorized representative of a member  |
|                         | DEBURAH XAVIER-VELEZ  Typed or printed name of signee   |