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2027 APR -4 AM II: OF SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

	tion Section of Corporations			
SUBJECT:	Central	Florida N	nortgages, LLC	
30bJLC1		Name of Lim	ited Liability Company	
The enclosed Arti	cles of Amendment	and feets) are sub	mitted for filing.	
	orrespondence conc		•	
		Jan	et C. Steinel	
			Name of Person	
		Central F	lorida mortgages Firm/Company	LLC
		1509	edenhall pt. Address	
			Address	
		(ake m	vary, FL 327	46
		lan ch	City/State and Zip Code Teimel. Qsto @s	1.4.6
			to be used for future annual report noti	
For further inform	nation concerning th			
Br	ad Stein	el	at (<u>407</u>) <u>430 · 8</u> Area Code Daytim	580
	Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a chec	ck for the following	amount:		
\$25.00 Filing		O Filing Fee & ificate 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)
	Address:		Street Address:	ation
_	ation Section n of Corporatior	ıs	Registration Sec Division of Cor	
P.O. Bo	ox 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF 2027 APR -4 AM II: 05

The Articles of Organization for this Limited			TALLAHASSEE. FL
Florida document number \(\lambda \) \(\La	374586		
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liab	ility company here	;
The new name must be distinguishable and contain th	e words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	E BOX)		
B. If amending the registered agent and/o agent and/or the new registered office add		address on our rec	ords, enter the name of the new registo
Name of New Registered Agent:	٧		
New Registered Office Address:	V	Enter Floride	street address
	_	City	, Florida Zip Code
	g Registered Agent:		

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
AR	Brad Steinel	1509 edenhall pt	DAdd
		1509 edentrall pt lake mary, FL 32746	Remove
			□Change
			□Add
			□Remove
			□Change
		. ~~	□Add
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fective date, if other than	n the date of filing:	(or	i <mark>tional)</mark> der filing i Pursuant 10 605 0207
ote: If the date inserted in t	his block does not meet the applicable the Department of State's records.	statutory filing requirements,	his date will not be listed as
cument's enective date on	the Department of State's records.		
ecord specifies a delayed et	Tective date, but not an effective time, a	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
is filed.			
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Typed or printed name of signee