	(Demondrate Name)
	(Requestor's Name)
	(Addross)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	MAIL MAIL
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	<u>-</u>
Special Instructions to	Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA 2024 NOV 12 PM 12: 11

21124 NOV 12 PH 1:11 <u>;</u>.:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/12/2024	
Name:	Cheyanne Davis	
Reference #	2556481	-
Entity Name	BLUEVELLA	MORTGAGE, LLC
☐ Article	es of Incorporation/Authorization	o Transact Business
✓ Amen	dment	
Chang	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: <b>\$25.00</b>	
Signature:	Oryma Paire	

## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	PILGRIMS MORT	GAGE SERVICES LLC	
			<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	<del></del>	Douglas De Almeida	
	Name of Limited Liability Company  aclosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Douglas De Almeida		
	7550 Futures Driv	·	
	Orlando,		
	dougla E-mail address: (	s@pilgrimsmortgage.com	ication)
For further information	concerning this matter, please ca	all:	
Douglas De	Almeida	ai \	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Regi	stration Section	Registration Section	n

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV 12 PM 12: 11 PILGRIMS MORTGAGE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA 09/30/2021 and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number \_\_\_\_\_ L21000429126 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bluevella Mortgage, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7550 Futures Drive, Suite 103 Enter new principal offices address, if applicable: Orlando, Florida (Principal office address MUST BE A STREET ADDRESS) Zip: 32819 7550 Futures Drive, Suite 103 Enter new mailing address, if applicable: Orlando, Florida (Mailing address MAY BE A POST OFFICE BOX) Zip: 32819 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.

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

Title	<u>Name</u>	Address	Type of Action
			Add
			⊒ Remove
			☐ Change
			☐ Remove
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			⊒ Remove
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			☐ Remove
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. If amending any other information, enter change(s) here: (	(Attach additional sheets, if necessary:)	,
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to do  Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) It is statutory filing requirements, this date w	Pursuant to 605.0207 fill not be listed as
he record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. o	n the earlier of
Dated November, 08 . 2024		
Am	a de la companya della companya della companya de la companya della companya dell	
Signature of a member or authorize	ed representative of a member	
Douglas De A	Almeida	
Typed or printed n		

Page 3 of 3

Filing Fee: \$25.00