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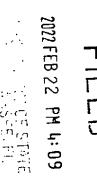
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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MAR S ORUMBURY

COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call:

Mailing Address:

☐ \$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327

Enclosed is a check for the following amount:

□ \$30.00 Filing Fee &

Certificate of Status

Street Address:

¥ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee

☐ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	tomal lending LLC ompany as it now appears on our records uted Liability Company)
The Articles of Organization for this Limited Liability Comprised document number L2200012138.	pany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Reliable Mortgage Brokers LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	27
(Principal office address MUST BE A STREET ADDRES.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2 PH 4: 09
Stating dadress SIAT BE A TOST OF FICE BOSY	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	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 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective date, if other than the date of filing: (15 an effective 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)(b) E. Effective date, if other than the date of filing: _ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated February 18