Florida Department of State &

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORTGAGE OPERATOR LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORTGAGE OPERATOR 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 were filed on 04/11/22 and assigned Florida document number L22000173191 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KIK LOANS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
			□Add
			□Remove
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			□Add
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			□Add
			Remove
			□Change

	information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective date is listed, t Note: If the date inserted	than the date of filing:
ne record specifies a delayord is filed.	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 25	. 2022
	Signature of a member or authorized representative of a member
Riley P	Park Typed or printed name of surner

. . .

Filing Fee: \$25.00