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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Clinty Mortgage LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARU BAUMBAKET Name of Person
Clind Mortsage LCC Firm/Company
124 E Miracle Stryp PKWY GOZ
City/State and Zip Code  LBAUM64KOTC Climbmortz46R, com  E-mail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
Richard BAumbardt at (213) 420-9512  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee &  Certified Copy (additional copy is enclosed)  S60 00 Filing Fee,  Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Clims Mortgage 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 Fe 52 7th 2022 and assigned Florida document number <u>L23000103</u> 221 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
AMBR	Ashley Phillips	405 Eurgreen Dr. Doto F	P. CANO
			□Remove
			Change
AMBR_	Micholas Jenkins	11275 Highway 98 W	Add
		Suite 6151 Miramar	Beach Remove
		FL 32550	□Change
MOR	Josh Towery		□ Add
		8733 Ranchward Dr. Racine	WT Remove
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i effective da	e, if other tha	ite must be sp	ecific and c	annot be prio	r to date of	filing or more	than 90 days	after filing.)	Pursuant to 605	.020
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cord specif s filed.	ies a delayed ef	ffective date.	, but not a	n effective	time, at 12	2:01 a.m. on	the carlier o	of: (b) The	90th day after	r the
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Filing Fee: \$25.00