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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107
Fax Number : (561)214-8442

\*\*Enter the email address for this pusiness entity to be used for future 

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE MOUNTAIN FUNDING SOLUTIONS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Mountain Funding Solutions LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000118053</u>	were filed on 03/14/2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreyiatio		
Enter new principal offices address, if applicable:	200 S Andrews Ave Suite 504	TALLI		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301	7		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	200 S Andrews Ave Suite 504  Fort Lauderdale, FL33301  address on our records, enter the	SS PP TT		
New Registered Office Address:	Enter Florida street address			
	Florida			
	Ciţy	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and to provided for in Chapter 605, F.S	l am familiar with and 5. Or, if this document is		

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
MGR	WORLDWIDE NOMINEE, LLC	200 S Andrews Ave Suite 504	DAdd
		Fort Lauderdale, FL 33301	□Remove
			<b>≘</b> Change
			□Add
			□ Remove
			□ Change
***************************************			
			©Remove
			Change
			□Add
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			[] Change
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Effective date, if other than the office off	be specific and cannot be ock does not meet the a	ipplicable stat	filing or more than utory filing requi	(option: 90 days after fili rements, this d	ng.) Pursuant to 605	.0207 (3 ed as th
ne record specifies a delayed effective ord is filed.	date, but not an effect	ive time, at 1	2:04 a.m. on the c	arlier of: (b)	The 90th day after	r the
Dated February 23rd	2024					
		rlyn Teefey	•			
		•		mber		

Filing Fee: \$25.00