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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
CUDIECT.		ortgage Processing, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: Stephanic Galvez Name of Person Essential Mortgage Processing, LLC Firm/Company 3245 Dew Ct. Address Kissimmee, FL. 34744 City/State and Zip Code ssentialmortgageprocessing@outlook.com E-mail address: (to be used for future annual report notification) erning this matter, please call: at (407	
Please return	all correspo	ndence concerning this matter	to the following:	
		Stephanie Galvez		
			Name of Person	
		Essential Mortgage Proces	sing, LLC	
			Firm/Company	
		3245 Dew Ct.		
			Address	
		Kissimmee, FL. 34744		
			City/State and Zip Code	
			·	stification)
For further i	nformation c	oncerning this matter, please c	all:	
Stephanie G	alvez			
	Name o	f Person		·
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	D. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Cor	appears on our records.)
(A Florida Limited Liability Con	npany)
The Articles of Organization for this Limited Liability Company were filed	on 03/29/2023 and assigned
Florida document number L23000157681	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	297
	· ^
	-
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 or agent and/or the new registered office address here:	our records, enter the name of the new reg
and of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
E	nter 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>	<u>Name</u>	Address	Type of Action
AMBR	Gustavo Galvez	3245 Dew Ct.	□Add
		Kissimmee, FL. 34744	
			Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			□Change
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			□Change
			DAdd
			□ Remove
			☐ Change
· · · · · · · · · · · · · · · · · · ·			□Add
			□Remove
			□Change

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