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(Requestor's Name)	_
(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

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TO: Registration Se Division of Cor			
	age Loans LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Claire Brutger		
		Name of Person	
		Firm/Company	
	146 Fontaine Dr		
	Tavernier FL 33070	Addr e ss	
		City/State and Zip Code	
	claire@missmortgageloans. E-mail address: (com to be used for future annual report notif	ication)
For further information o	oncerning this matter, please o	_	
Claire Brutger		305 916-8485	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sec	tion
Division of C		Division of Con	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miss Mongage Loans LLC				
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
e Articles of Organization for this Limited L	iability Company were filed on 0	5/12/2023 and assigned		
his amendment is submitted to amend the following:				
e new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if appli	cable:			
rincipal office address MUST BE A STRE	ET ADDRESS)			
		<u></u>		
		m Z m		
nter new mailing address, if applicable:		第二十二届 第二十二届		
W.		- 3 0		
failing address MAY BE A POST OFFICE	BUX	<u>ت</u> ک		
		 		
. If amending the registered agent and/or cent and/or the new registered office addre	•	records, enter the name of the new regis		
Name of New Registered Agent:	Claire Brutger			
New Registered Office Address:	146 Fontaine Dr			
	Enter Fla	orida street address		
	Tavernier	, Florida ³³⁰⁷⁰		
	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.

f 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			[]Change
			□Add
		 	
			□Change
<u></u>			🗀 Add
			□Remove
			□Change
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		·	□Change
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			∏ Change

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ffective date, if other that a effective date is listed, the lote: If the date inserted ocument's effective date	e date must be specific in this block does r	c and cannot be prior not meet the applica	able statutory filing	(option re than 90 days after fi requirements, this o	ling.) Pursuant to 605.020
	d effective date, but	t not an effective ti	me, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
record specifies a delayer is filed.	o oriocavo dato, bar				·
l is filed.		2024	<u></u> .		·
l is filed. May 13th	Clarie	, <u>2024</u> Buh	_ ·		·
record specifies a delayer d is filed. Pated May 13th	Clarie	, <u>2024</u> Buh	rized representative o	f a member	