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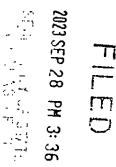
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| TO: Registration Se Division of Cor | | | de |
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| CTC EXPI | RESS MORTGAGE LEC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ISMAEL ALAMO | | |
| | | Name of Person | |
| | CTC EXPRESS MORTGA | AGE LLC | |
| | | Firm Company | |
| | 1816 MARCIA DR | | |
| | | Address | |
| | ORLANDO, FL 32807 | | |
| | | City/State and Zip Code | |
| | IALAMO@CTCYES.CON | | |
| | E-mail address: (| to be used for future annual report notification) | |
| For further information c | oncerning this matter, please c | all: | |
| OMAYRA IRIZARRY | | 689 265-1318 at () | |
| Name o | t Person | Area Code Daytime Telephone Nu | mber |
| Enclosed is a check for th | ne following amount: | | |
| ■ \$25,00 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | Certified Copy Certified Copy Certified Copy Certified Copy is enclosed) | 00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed) |
| Mailing Addres Registration S | | Street Address: Registration Section | |
| Division of C | | Division of Corporations | |
| P.O. Box 632 | | The Centre of Tallahassee | |
| Tallahassee, I | -L 32314 | 2415 N. Monroe Street, Suit | te 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CTC EXPRESS MORTGAGE 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 AUGUST 17, 2023 and assigned Florida document number 1.23000386955 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

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.

City

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 | ALFREDO GONZALEZ | 1859 BROCKRIDGERD | |
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| d is filed. Dated SEPTEMBER 15, | |

Filing Fee: \$25.00