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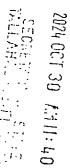
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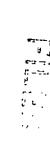
Office Use Only



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COVER LETTER

Registration Section Division of Corporations

JLS Creati SUBJECT:	ve Group, LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sul	bmitted for filing.	÷
Please return all correspondent	ondence concerning this matter	to the following:	
	Jerome Sanders		
		Name of Person	
	First Shield Financial, LL	С	
		Firm/Company	
	9428 Baymeadows Rd, Su	ite 134	
		Address	
	Jacksonville, FL 32256		
		City/State and Zip Code	
	jerry@1Shieldfinancial.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jeorme Sanders		678 575-4623 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Seconic Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLS Creative Group, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company were filed on October 9, 2023		
Florida document number L23000464863		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FSF Servicing, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9428 Baymeadows Rd	
Principal office address MUST BE A STREET ADDRESS)	Suite 134	
	Jacksonville, FL 32256	
Enter new mailing address, if applicable:	9428 Beaymeadows Rd	2074 552 7771
Mailing address MAY BE A POST OFFICE BOX	Suite 134	8
	Jacksonville, Fl. 32256	22 S
	-	ا الله الله الله الله الله الله الله ال
3. If amending the registered agent and/or registered office a	address on our records, <u>ente</u> i	r the name of the new regist
gent and/or the new registered office address here:		
		<u> </u>
Name of New Registered Agent:		 -
New Registered Office Address:		
	Enter Florida street addre	ss
		lorida
	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 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
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicat	date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0 ments, this date will not be lister	0207 (d as t
record specifies a delayed effectived is filed.	e date, but not an effective tim	e, at 12:01 a.m. on the ca	rlier of: (b) The 90th day after	the
	2024			
October 23		- ·		
Pated October 23		- ·		
Pated October 23	Signature of a member or authori	ized representative of a men	ber	