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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to f	Filing Officer:	

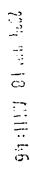
Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
CX Mortg			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Janet Byrd		
		Name of Person	
	CX Mortgage		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Firm/Company	<u> </u>
	10151 Deerwood Park Bb	rd Ste: 200-250	
	-	Address	
	Jacksonville, FL 32256-05	89	
	janet@cxmortgage.com	City/State and Zip Code	
		to be used for future annual report notificat	ion)
For further information of	concerning this matter, please c	all;	
Janet Byrd		800 804-0484 at ( )	
Name c	of Person		lephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	rations $\frac{1}{4}$ ahassee $\frac{1}{4}$ treet. Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CX 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 February 02, 2024 and assigned Florida document number \_1.24000058085 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 "LLC" 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.

If Changing Registered Agent, Signature of New Registered Agent

C

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
MGR	Kimberly Johnson	10151 Decrwood Park Blvd	□Add
		Building 200, Suite 250	= -
		Jacksonville, FL 32256	□Change
			□Remove
			□Change
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an effective date is listed, t ote: If the date inserted	r <b>than the date of filit</b> the date must be specific at d in this block does not te on the Department of	nd cannot be prior to meet the applicat	date of filing or models statutory filing	(option te than 90 days after f requirements, this	iling) Pursuant to 605 020
record specifies a delayous is filed.	red effective date, but no	ot an effective tim	e. at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
June 12		2024			 :
	- <u>-</u>	.·	_ ·		: . <del>-</del>
itea		A -			7.23
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ited	Signature of a	I member or authori	ed representative o	f a member	<u> </u>