

M96000000342

(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:

J. HORNE
J.
J. HORNE 23
JUL 11 2023

Office Use Only



400411830274

SECRETARY OF
TALLAHASSEE
2023 JUL 10 PM 12:11

FILED

DB

Ⓢ

2023 JUL 10 AM 11:18

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 844778 8046906

AUTHORIZATION :

COST LIMIT

Signature
\$25,000

ORDER DATE : June 29, 2023

ORDER TIME : 9:39 AM

ORDER NO. : 844778-020

CUSTOMER NO: 8046906

FOREIGN FILINGS

NAME: SHELTER MORTGAGE COMPANY,
L.L.C.

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHELTER MORTGAGE COMPANY, L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ATTN: Legal Department

Name of Person

Newrez LLC

Firm/Company

1100 Virginia Dr., Suite 125

Address

Fort Washington, PA 19034

City/State and Zip Code

Licensing@Newrez.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Little at (484) 594-1299

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: SHELTER MORTGAGE COMPANY, L.L.C.

Enter new principal office address, if applicable: 1245 Cheyenne Avenue
Suite 304B/304C
Grafton, WI 53024

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 1245 Cheyenne Avenue
Suite 304B/304C
Grafton, WI 53024

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M96000000342

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 09/12/1996

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: NewRez Ventures LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, 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

2023 JUL 10 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL
41

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

IL

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Manager & Member "New Penn Financial, LLC" has changed its name to "Newrez LLC"

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>New Penn Financial, LLC</u>	<u>4000 W. Brown Deer Road</u>	<input type="checkbox"/> Add
		<u>Brown Deer, WI 53209</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Newrez LLC</u>	<u>1100 Virginia Dr., Suite 125</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Washington, PA 19034</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Designed by
Randall Vanden Houten
Signature of the authorized representative

Randall Vanden Houten
Typed or printed name of signee

Filing Fee: \$25.00



OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

0207369-2
JULY 07, 2023

ILLINOIS CORPORATION SERVICE COMPANY
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 627034261

RE NEWREZ VENTURES LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 2318802219.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

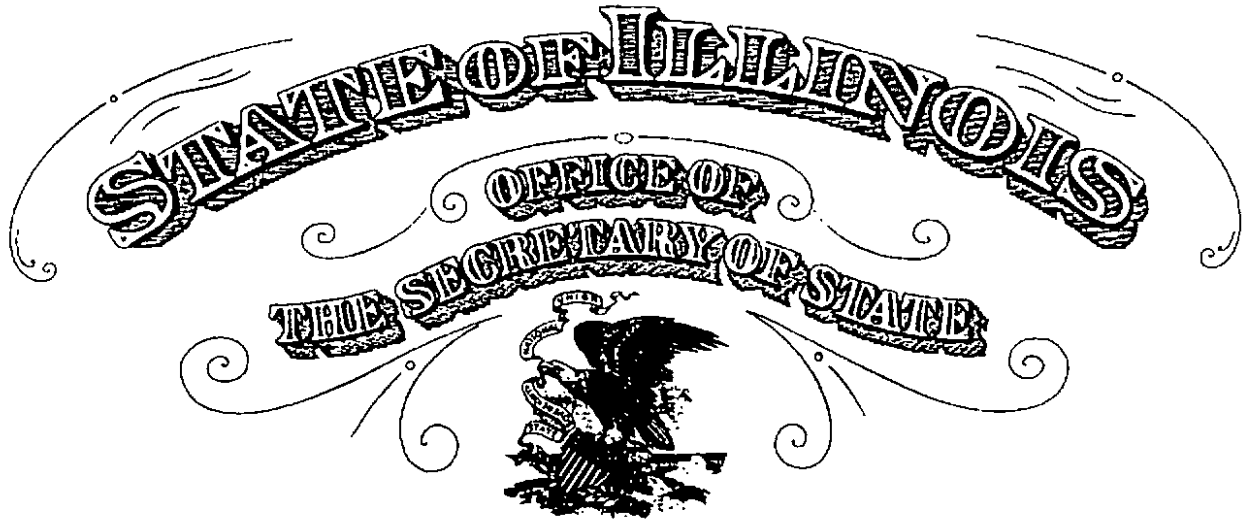
ALEXI GIANNOULIAS
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE: (217)524-8008

AG:LLC

File Number

0207369-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 2 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR NEWREZ VENTURES LLC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of JULY A.D. 2023 .

A handwritten signature in black ink that reads "Alexi Giannoulis".

SECRETARY OF STATE

Authentication #: 2318802219 verifiable until 07/07/2024.

Authenticate at: <https://www.ilsos.gov>

Form **LLC-5.25**
July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Articles of Amendment

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved:



FILE # 02073692
This space for use by Secretary of State.

FILED

JUL 06 2023

ALEXI GIANNOULIAS
SECRETARY OF STATE

1. Limited Liability Company name: Shelter Mortgage Company, L.L.C.

2. Articles of Amendment effective on:

the file date

a later date (not to exceed 30 days after the filing date) _____

Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):

a) Admission of a new manager (give name and address below)*

b) Withdrawal of a manager (give name below)

c) Change in address of the records office/principal place of business as required by Sec. 1-40 of the Act. (Give new physical number and street address, a P.O. Box alone or C/O is unacceptable.)

d) Change of registered agent and/or registered agent's office (Give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable.)

e) Change in the Limited Liability Company's name (give new name below)**

f) Change in date of dissolution (state perpetual or date of dissolution below)

g) Establish authority to issue series (fee \$300, see NOTE)

h) Other (give information in space below)*

* Only managers and any member with the authority of manager are required to be reported.

Additional information:

Please update the Principal Office to: 1245 Cheyenne Avenue, Suite 304B/304C, Grafton, WI 53024

Manager "New Penn Financial, LLC" has changed its name to "Newrez LLC". Please update the Manager list with the new name.

Newrez LLC, 1100 Virginia Dr., Suite 125, Fort Washington, PA 19034

**New name of LLC (as changed): NewRez Ventures LLC

A professional LLC registered with the Illinois Department of Financial and Professional regulations must contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in its name. The specific professional service must also be stated in its purpose.

(continued)

LLC-5.25

4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: January 26 2023
Month/Day Year

Randall Vanden Houten
Signature

Randall Vanden Houten, CEO and CFO
Name and Title (type or print)

If applicant is signing for a company or other entity,
state name of company or entity.

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.