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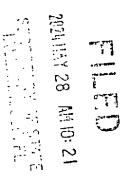
| (Re                           | equestor's Name)     |        |
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| (Cit                          | y/State/Zip/Phone #) |        |
| PICK-UP                       | WAIT                 | MAIL   |
| (Bu                           | siness Entity Name)  |        |
| (Do                           | ocument Number)      |        |
| Certified Copies              | Certificates of      | Status |
|                               |                      |        |
| Special Instructions to Filin | ng Officer:          |        |
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## **CT CORP**

## (850) 656-4724 3458 lakesore Drive

Tallahassee, FL 32312

| D   | ate: 05/28/2024  | ~!!  |
|---|--|--|
|   | Acc#I2016000007  | - 4: CDW                                       |
| Name:   | Ocwen Financial Corporation                                  |  |
| Document #:   |  |  |
| Order #:  | 15585219   |  |
| Certified Copy of Arts & Amend:  Plain Copy:  Certificate of Good Standing:  Certified Copy of  Apostille/Notarial Certification: | Country of Destination: Number of Certs:  Certified:  Plain: | Email Address for Annual Report Notifications: |
| Availability<br>Document<br>Examiner<br>Updater<br>Verifier<br>W.P. Verifier<br>Ref#  | Amount: \$ 43.75   |  |

Thank you!

## Articles of Amendment to Articles of Incorporation of

| Ocwen Financial Corporation  |                                  |  |                                      |                |
|--|----------------------------------|--|--------------------------------------|----------------|
| (Name o  | f Corporation as currently       | filed with the Florida Dept. of Stat                                   | <u>e</u> )                           |                |
| S75556   |                                  |  |                                      |                |
|  | (Document Number of C            | Corporation (if known)   |                                      |                |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this $F$ | lorida Profit Corporation adopts the                                   | following amen                       | dment(s) to    |
| A. If amending name, enter the new na  | ame of the corporation:          |  |                                      |                |
| Onity Group Inc.   |                                  |  | The                                  | new            |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association," | Corp, " "Inc," or "Co". A        | mpany," or "incorporated" or the a<br>professional corporation name mu | bbreviation "Cor<br>st contain the v | rp"<br>word    |
| B. Enter new principal office address, if applicable:  |                                  | N/A  |                                      |                |
| (Principal office address MUST BE A S  | TREET ADDRESS )                  |  |                                      | _              |
|  |                                  | <del></del>  | <del></del>                          | _              |
|  |                                  |  |                                      | <del></del>    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                  |                                  | N/A  |                                      |                |
|  |                                  |  | 70                                   | _              |
|  |                                  |  | , 12                                 |                |
|  |                                  |  |                                      |                |
| D. If amending the registered agent ar   | nd/or registered office addre    | ess in Florida, enter the name of th                                   | <sub>ရေး ရ</sub> ုံ တိ               | į              |
| new registered agent and/or the new  | w registered office address:     |  |                                      |                |
| Name of New Registered Agent   | C T Corporation System           |  |                                      |                |
| Name of New Neganered Agent  | 1200 South Pine Island Roa       | d  | 2                                    |                |
|  | (Florida stre                    | et address)  | <del></del>                          |                |
| V B : 105 - 11 - 11  | Plantation                       | . Florid   | 33324                                |                |
| New Registered Office Address:   |                                  | City)  | (Zip Code)                           | _ <del>_</del> |
|  |                                  |  |                                      |                |
|  |                                  |  |                                      |                |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist                                      | hanging Registered Agent:        | ith and accent the abbigations of the                                  | position.                            |                |
| Thereby accept the appointment as regis  | ierea ageni. Tum jaminai w       | un una accept me obligations of me                                     | <i>,,,,,,,,,,,,,</i>                 |                |
|  | 1 On                             |  |                                      |                |
| _Step  | Stephen                          | Rullis, VP & Asst. Secy. gistered Agent, if changing                   |                                      |                |
| /  | Signature of New Re              | gistered Agent, if changing  |                                      |                |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| X Change                      | <u>PT</u>       | John Doe    |                 |
|-------------------------------|-----------------|-------------|-----------------|
| X Remove                      | $\underline{V}$ | Mike Jones  |                 |
| X Add                         | <u>sv</u>       | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Tüle</u>     | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |                 |             |                 |
| Add                           |                 |             |                 |
| Remove                        |                 |             |                 |
| 2) Change                     |                 |             |                 |
| Add                           |                 |             |                 |
| Remove<br>3 ) Change          |                 |             |                 |
| Add                           |                 |             |                 |
| Remove                        |                 |             |                 |
| 4) Change                     |                 |             |                 |
| Add                           |                 |             |                 |
| Remove                        |                 |             |                 |
| Change                        |                 |             |                 |
| Add                           |                 |             |                 |
| Remove                        |                 |             |                 |
| 6) Change                     |                 |             |                 |
|                               |                 |             |                 |
| Add                           |                 |             |                 |
| Remove                        |                 |             |                 |

| <ul> <li>(Attach additiona</li> </ul> | adding additional A<br>I sheets, if necessary | ). (Be specific)                   |  |                                     |             |               |
|---------------------------------------|---|------------------------------------|--|-------------------------------------|-------------|---------------|
| VA.                                   | -   |                                    |  |                                     |             |               |
|                                       |   |                                    |  |                                     |             |               |
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|                                       |   |                                    |  |                                     |             |               |
|                                       |   |                                    |  | 11                                  |             |               |
| If an amendmen<br>provisions for      | nt provides for an e<br>implementing the a    | xchange, reclass<br>mendment if no | <u>itication, or car</u><br>t contained in t | ncenation of issu<br>he amendment i | itself:     |               |
| (if not app                           | licable, indicate N/A                         | )                                  |  |                                     |             |               |
| N/A                                   |   |                                    | <u> </u>                                     |                                     |             |               |
|                                       |   |                                    |  |                                     |             |               |
|                                       |   |                                    |  | <u> </u>                            | +           |               |
| <u></u> .                             |   |                                    |  |                                     |             |               |
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|                                       |   |                                    |  |                                     |             |               |

|   | May 28, 2024   | , if other than the                                   |
|---|--|---|
| date this document was signe                        | d.<br>effective at 12:01 a.m. ET, June 10, 2024  |   |
| Effective date if applicable:                       |  |   |
|   | (no more than 90 days after amendi   | ment file date)                                       |
|   | this block does not meet the applicable statutory filin the Department of State's records.   | g requirements, this date will not be listed as the   |
| Adoption of Amendment(s)                            | ( <u>CHECK ONE</u> )   |   |
| ☐ The amendment(s) was/w action was not required.   | ere adopted by the incorporators, or board of directors w  | vithout shareholder action and shareholder            |
|   | ere adopted by the shareholders. The number of votes c<br>were sufficient for approval.  | ast for the amendment(s)                              |
| ☐ The amendment(s) was/w must be separately provide | ere approved by the sharcholders through voting groups<br>ded for each voting group entitled to vote separately on   | . The following statement<br>the amendment(s):        |
| "The number of vot                                  | es cast for the amendment(s) was/were sufficient for app   | proval  |
| by  |  | <u> </u>  |
|   | (voting group)   |   |
| Dated   | May 28, 2024   |   |
| Signature   | Joseph J. Sommer   |   |
|   | By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary) | officers have not been<br>er, trustee, or other court |
|   | Joseph J. Samarias   |   |
|   | (Typed or printed name of person sig   | ning)   |
|   | Secretary  |   |

(Title of person signing)