

MO9060002195

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Account#: 120000000088

Date: 11/15/2021

Name: Merritt Walker

Reference #: 1506831

Entity Name: XOME VALUATION SERVICES LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: 



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**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: XOME VALUATION SERVICES LLC

Enter new principal office address, if applicable: 5404 Cypress Center Drive, Suite 300

(Principal office address

Tampa, FL 33609

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5404 Cypress Center Drive, Suite 300

(Mailing address

Tampa, FL 33609

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000002195

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 6/9/2009

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

5. New name of the limited liability company: VOXTUR APPRAISAL SERVICES, 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.

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

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

Name of sole member changed to Voxtur Services, LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Sole Member</u>	<u>Voxtur Services, LLC</u>	<u>5404 Cypress Center Drive, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33609</u>	<input type="checkbox"/> Remove
<u>Sole Member</u>	<u>XOME SERVICES LLC</u>	<u>260 INTERSTATE NORTH CIRCLE SE</u>	<input type="checkbox"/> Add
		<u>ATLANTA, GA 30339-2210</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.


Signature of the authorized representative

Stacy Mestayer

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

Certified Copies

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana; do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 2 page document consisting of the following records filed in this office:

Certification Date: October 27, 2021
Business Name: VOXTUR APPRAISAL SERVICES, LLC
Business ID: 2005033000260

Transaction	Date Filed	No. of pages
Articles of Amendment	10/22/2021	2
Total No. of pages		2



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 27, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

2005033000260 / 14160334

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 26, 2021.

**State of Indiana
Office of the Secretary of State**

**Certificate of Amendment
of
XOME VALUATION SERVICES LLC**

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

VOXTUR APPRAISAL SERVICES, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, November 15, 2021.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 22, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

2005033000260 / 9195255

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>



ARTICLES OF AMENDMENT OF THE ARTICLES OF ORGANIZATION

State Form 49460 (R11/6-19)

Approved and Filed
2006033000260/9185255
Filing Date: 10/22/2021
Effective: 11/15/2021 12:01 AM
Holly Sullivan
Indiana Secretary of State

Indiana Code 23-18-2-5
23-0.5-9-20

FILING FEE: \$30.00

The undersigned manager or member of the above referenced Limited Liability Company (hereinafter referred to as the "LLC") existing pursuant to the provisions of: Indiana Business Flexibility Act as amended (hereinafter referred to as the "Act"), desiring to give notice of action effectuating amendment of certain provisions of its Articles of Organization, certifies the following facts:

ARTICLE I - AMENDMENT(S)

SECTION 1:	The name of the Limited Liability Company is: Xome Valuation Services LLC
SECTION 2:	The date of organization of the Limited Liability Company is (month, day, year) 03/29/2005
SECTION 3:	The name of the Limited Liability Company following this amendment to the Articles of Organization is: Voxtur Appraisal Services, LLC
SECTION 4:	The exact text of Article(s) I and IV of the Articles of Organization is now as follows: The name of the LLC is Voxtur Appraisal Services, LLC. The principal office address of the LLC is: 5404 Cypress Center Drive, Suite 300, Tampa, FL 33609. The sole member of the LLC is as follows: Voxtur Services, LLC 5404 Cypress Center Drive Suite 300, Tampa, FL 33609.
SECTION 5:	<input type="checkbox"/> The above-named Limited Liability Company (LLC) desires to change its entity type to a Domestic Master LLC. Name of the Master LLC (Please note: The name must meet the requirements of Indiana Code 23-10-1-6-7) The Master LLC is authorized to designate one (1) or more Series.

ARTICLE II

Date of each amendment's adoption (month, day, year) Date of Adoption: 9/30/2021 Future Effective Date: 11/15/2021

ARTICLE III - REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to NBIZ.in.gov .			
Provide either commercial registered agent or noncommercial registered agent information below.			
<input type="checkbox"/> Commercial registered agent	Name of registered agent (Do not provide address.)		
OR			
<input type="checkbox"/> Noncommercial registered agent	Name of registered agent		
Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number)	City	State IN	ZIP code
(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process			
<input type="checkbox"/> By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Amendment has consented to the appointment of Registered Agent.			

ARTICLE IV - COMPLIANCE WITH LEGAL REQUIREMENTS

The manner of the adoption of the Articles of Amendment constitutes full legal compliance with the provisions of the Act, and the Articles of Organization.	
I hereby verify, subject to penalties of perjury, that the statements contained herein are true.	
this <u>20</u> day of <u>October</u> , 20 <u>21</u> .	
Signature <u>Stacy Mestayer</u>	
Printed name <u>Stacy Mestayer</u>	Title <u>Chief Legal Officer</u>