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## COVER LETTER

TO:	Registration Sectorial Division of Corp			
CI ID I		RST TRUDT COMPANY LL	.C	
SUBJ.	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		THOMAS R. CONKLIN		
			Name of Person	<del></del>
			Firm/Company	
		442 SOUTH TAMIAMI T	RAIL	
			Address	
		OSPREY, FLORIDA 3423		
			City/State and Zip Code	
		TOM@THOMASCONKLI	N.NET to be used for future annual report notifi	antion
				Canony
For fu	rther information co	ncerning this matter, please ca	all:	
THOM	MAS R. CONKLIN		941 366-2608 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
<b>S</b> \$2	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Osprey First Trust Company 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 01/25/2017	ar	nd assigned
		* or (, .	æ
This amendment is submitted to amend the following:		• .	調け、
A. If amending name, enter the new name of the limited liab	ility company here:		C3 , ,,
OSPREY FIRST ENTRUST COMPANY LLC		•	<u>:</u> #
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviati	on "L.L.C."
A. If amending name, enter the new name of the limited liab OSPREY FIRST ENTRUST COMPANY LLC The new name must be distinguishable and contain the words "Limited Liab 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 of registered agent and/or the new registered office address here	442 S TAMIAMI TRAIL		2
	OSPREY FL 34229		
	442 S TAMIAMI TRAIL OSPREY FL 34229		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	•	enter the n	ame of the new
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:	Enter Florida street address		
	. Flori	on "LLC" or the abbreviation "LLC."  IL.  records, enter the name of the nev	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del>.</del>			□ Add
			☐ Remove
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Filing Fee: \$25.00