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COVER LETTER

	istration Secti ision of Corpo	
CUBIC	Stillwater Mo	
SUBJECT:		Name of Limited Liability Company
		mendment and fee(s) are submitted for filing.
Please return	an correspond	ence concerning this matter to the following:
		Kyle Amold
		Name of Person
		Stillwater Mortgage LLC
		Firm/Company
		PO Box 2000
		Address
		Park City, UT 84060
		City/State and Zip Code
		kyle@turnburymortgage.com E-mail address: (to be used for future annual report notification)
For further is	aformation con	cerning this matter, please call:
Kyle Amold		435 901-3620
	Name of P	erson Area Code Daytime Telephone Number
Enclosed is a	check for the	following amount:
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Stillwater Mortgage LLC				
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number L01000018989	ity Company were filed on November 5, 2001	an	d assig	med
This amendment is submitted to amend the following				
rins amendment is submitted to amend the following	g.			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words		ıbbreviatio	on "L.L.	C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)		دم	
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		> 3	جيتن (م	WAIL
Enter new mailing address, if applicable:		1.3	Ö	1
(Mailing address MAY BE A POST OFFICE BOX	เก	F*1	7.2	527 F. Am.
Indiang address MAT BE A TOST OF FICE BOX	<u> </u>			1,01,000
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		3	₽ >	
B. If amending the registered agent and/or r	registered office address on our records, enter	the na	ame of	the new
registered agent and/or the new registered office	address here:			
N (N) D ' (A)				
Name of New Registered Agent:			-	
New Registered Office Address:				
The strange of the stranges.	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

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	Scott W. Arnold	935 Narcissus Ave	
		Clearwater Beach, FLL 33767	= Remove
		9 Red Hawk Ln	Change
AMBR	Karrie S. McKinnon	Park City, UT 84098	Add
			Remove
			□ Change
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	ding any other information, enter change(s) here: (Attach additional sheets,		
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If an effer <u>Note:</u> I docume ne reco	the date, if other than the date of filing: Introductive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	ays after filing.) Pursuant to 605.4 nts, this date will not be liste	d as
The 9	90th day after the record is filed.		
Dated _	5/29 2018.		
	$ KlG_1Q$	70 P	E4;
	Signification of a member of authorized representative of a member	## Y 30	ا . احت د بعج
	Kyle Arnold Typed or printed name of signee	<u>rn</u>	3
	, pro p	7 6:	3 4 °
		€ <u>~</u>	

Filing Fee: \$25.00