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Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNIVERSAL AMERICAN MORTGAGE COMPANY, LLC

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June 28, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
UNIVERSAL AMERICAN MORTGAGE COMPANY, LLC  
700 NW 107TH AVENUE  
SUITE 400  
MIAMI, FL 33172US

SUBJECT: UNIVERSAL AMERICAN MORTGAGE COMPANY, LLC  
REF: L02000003065

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Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H16000155970  
Letter Number: 016A00013542

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Universal American Mortgage 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 02/07/2002 and assigned  
Florida document number L02000003065

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

730 NW 107th Avenue, 4th Floor

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL, 33172

Enter new mailing address, if applicable:

730 NW 107th Avenue, 4th Floor

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL, 33172

**B. If amending the registered agent and/or registered office 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

City

Florida

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

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STATE OF FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JUNE 22 2016

Signature of a member or authorized

JAMES T. TIMMONS

Typed or printed name of signee

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