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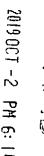
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|-------------|----------------------------------|--|---|--|
| CUBIECT | Carillon Fo | reclosure LLC | | |
| SUBJECT | : | | ited Liability Company | |
| | | Amendment and fee(s) are sub | Ţ. | |
| | · | Christic Christenson | 2 | |
| | | Echelon LLC | Name of Person | |
| | | 235 Third Street South # 3 | Firm/Company | |
| | | St. Petersburg, FL 33701 | Address | |
| | | christie@echelonre.com | City/State and Zip Code | |
| For further | information c | E-mail address: (oncerning this matter, please ca | to be used for future annual report notifiall: | cation) |
| Christie Cl | | | 727 803-8220 | |
| | Name o | f Person | at ()Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| \$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

| Carillon Foreclosure LLC | | |
|--|--|---------------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our recor Limited Liability Company) | <u>'ds.</u>) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 04/20/2006 | and assigned |
| Florida document number 1.06000041669 | - ∙ | |
| This amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limi | ited liability company here: | |
| CopperGate LLC | | |
| he new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDR | (ESS) | 2010 |
| | | 2019 OC |
| | | p. 1 |
| Inter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| THE DE THE OUT OF THE BOX | | |
| | | m F |
| B. If amending the registered agent and/or regist egistered agent and/or the new registered office addr | | is, enter the name of the i |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | 255 |
| | | lorida |
| | 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 |
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| ote: If the d | ate is listed, the date mate inserted in this fective date on the | block does not mee | et the applicable | ate of filing or more the statutory filing req | (optional) lan 90 days after filing.) uirements, this date | Pursuant to 605.020' will not be listed as |
| The 90th | day after the re | ed effective dat cord is filed. | e, but not a | n effective time | , at 12:01 a.m. (| on the earlier o |
| ated August | 27 | : | 2019 | | | |
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Typed or printed name of signee

Filing Fee: \$25.00