## L11000106478

(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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January 20, 2017

JAMES BYARS JR 3209 PARKWAY PL PALM HARBOR, FL 34684

SUBJECT: GOOD FAITH MORTGAGE LLC

Ref. Number: L11000106478

We have received your document for GOOD FAITH MORTGAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

PAGE 3 IS MISSING FROM APPLICATION WHICH SIGNATURE IS REGUIRED.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 517A00001265



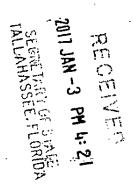
## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2016

JAMES BYARS JR 3209 PARKWAY PL PALM HARBOR, FL 34684

SUBJECT: GOOD FAITH MORTGAGE LLC

Ref. Number: L11000106478



We have received your document for GOOD FAITH MORTGAGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 516A00026388

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Faith	Mord	SASE	LLC			
(Name of the Limited Liabili (A Florida	ity Company a a Limited Liabi	Hnow appear ity Company)	s on our records.)			
The Articles of Organization for this Limited Liability C Florida document number <u>LIIOOO/06478</u>		e filed on	9/16/20	<u>// .</u> an	d assigned	t
Γhis amendment is submitted to amend the following:						
4. If amending name, enter the new name of the lim			<del></del>			
The new name must be distinguishable and contain the words "Lim	nited Liability C	ompans, the de	esignation="LLC" or d	he abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable: <i>Principal office address MUST BE A STREET ADDI</i>	RESS) _	3209		Place	A	
	<del></del>	PAIM	Harebon,	<u>FL</u>	<u>3408</u>	<del>\_</del>
Enter new mailing address, if applicable:				**************************************	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)					9-93	Atmospherical participation of the control of the c
B. If amending the registered agent and/or registered agent and/or the new registered office add	lress here:		•	, 38    	. t. t.	-
Name of New Registered Agent:	da	mes	L. BYARS	工		
New Registered Office Address:	320	9 PA1 Enter Flor	LBYANS  NKWAY P/A  ida street alldress	<u>ce</u>		<del></del>
	PAlm	HARbo	L , Florida	34 Zip (	684 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

Page 1 of 3

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

Title Name Address Type of Action

| Add | | Add | | Remove | | Add | | Add | | Remove | | Add | Add | | Remove | | Add | Add | Add | Add | | Remove | | Add | Add

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