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COVER LETTER

	Registration Se Division of Cor			
CHID ICA		ASSET SERVICES LLC		
SUBJEC	.1;	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		KOREEN E. WIGGS		
			Name of Person	
		TRUSTEE ASSET SERV	ICES LLC	
			Firm/Company	
		PO BOX 15602		
			Address	
		CLEARWATER, FL 33766		
			City/State and Zip Code	
		KWIGGS@BABCOCKCO		
For furth	er information c	e-mail address: (to be used for future annual report not all:	itication)
KOREE	N WIGGS		727 510- 7065	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUSTEE ASSET SERVICES LLC 2020 11 12: 56

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000027342	were filed on <u>02/27/2012</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2401 WEST BAY DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	STE 302	
	LARGO, FLORIDA 33770	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>. </u>
	. 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	THOMAS McCORMICK	200 104TH AVENUE. STE 330	🗆 Add
		TREASURE ISLAND, FL 33706	≣Remove
			□Change
			□ Add
		 	□Remove
			□Change
			□Add
			☐ Change
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ce	2/27/2020
<u>lote:</u> I	e date, if other than the date of filing:
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	2/27/2020
	Signature of a member of authorized representative of a member
	Signature y a member of a member
	KOREEN E. WIGGS

Filing Fee: \$25.00