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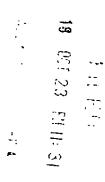
(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

·TO:	Registration Se Division of Co			
CHD IE		age Source, LLC		
SUBJE	CT:	Name of Lin	nited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Caitlin E. Lancaster		
			Name of Person	
		The Mortgage Source, LL	C	
			Firm/Company	
		26925 Juniper Bay Drive		
			Address	
		Wesley Chapel, FL 33544		
		 	City/State and Zip Code	· ,_,,,,,,,
		clancaster@themortgageso		
		E-mail address: (to be used for future annual report non-	ication)
For furth	er information c	oncerning this matter, please c	all;	
Caitlin E	E. Lancaster		813 480-1927	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.6	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

The Mortgage Source, LLC			
(Name of the Limited Lial (A Flor	oility Comparida Limited L	ny as it now appears on our liability Company)	records.)
he Articles of Organization for this Limited Liability	/ Company	were filed on	and assigned
orida document number L13000087961			
his amendment is submitted to amend the following:	:		
. If amending name, enter the new name of the li	mited liabi	lity company here:	- •
·			(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (
e new name must be distinguishable and contain the words "I.	imited Liabili	ity Company," the designation	"LLC" or the abbreviation "LL" C."
nter new principal offices address, if applicable:		26925 Juniper Bay Drive	23 [
rincipal office address MUST BE A STREET ADD	DRESS)	Wesley Chapel, FL 3354	4 -0 :-
			μ-1 <u>ω</u>
iter new mailing address, if applicable:		26925 Juniper Bay Drive	!
(Mailing address MAY BE A POST OFFICE BOX)		Wesley Chapel, FL 3354	4
If amending the registered agent and/or reg	rictored of	Goo addears on our ra	cords ontor the name of the c
gistered agent and/or the new registered office ac			ecords, enter the name of the f
Name of New Registered Agent: Cait	tin E. Lanca	ster	
New Registered Office Address: 2692	25 Juniper B		
		address	
Wes	dey Chapel	· · · · · · · · · · · · · · · · · · ·	_, Florida <u>33544</u>
		City	Zıp 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	Michael S. Maguire	13912 Middle Park Drive, Tampa, FL 33624	Add
			■ Remove
			☐ Change
MGR	Caitlin E. Lancaster	26925 Juniper Bay Drive, Wesley Chapel, FL 33544	
			Remove
			OCI Charige
			B Add
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			☐ Change

				
				
				
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				<u> </u>
Iffective date, if other than a effective date is listed, the date Note: If the date inserted in the locument's effective date on the	must be specific and cannot be p is block does not meet the ap	orior to date of filing or plicable statutory fili	(optio more than 90 days after t ng requirements, this	filing.) Pursuant to 605.02
e record specifies a dela The 90th day after the		not an effective	time, at 12:01 a.	.m. on the earlier
October 8 Dated	2018			
vated		·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00