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(City/State/Zip/Phone #)

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(Document Number)

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HALLAMSBURG, FLORIDA

JUN - 3 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Ameristar Mortgage, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa D Hall

Name of Person

Ameristar Mortgage, LLC

Firm/Company

5912 Thomas Drive

Address

Panama City Beach, FL 32408

City/State and Zip Code

mhall@ameristarmortgage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa D Hall

Name of Person

at (**850**) **290-5448**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

2014 MAY 27 PM 1:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Ameristar Mortgage, 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 August 18, 2013 and assigned
Florida document number L13000116745.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1050 Planters Trail
Bogart, GA 30622

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:

Michael Cormier

New Registered Office Address:

3400 Skymaster Court

Enter Florida street address

Crestview

City

Florida 32539

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

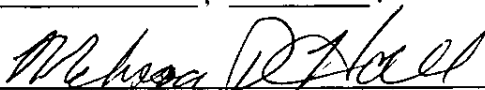
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
member	Karen L Smith	120 Venado Place	<input type="checkbox"/> Add
		Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Remove
member	Noel M Newby	653 W 23rd Street	<input type="checkbox"/> Add
		Panama City, FL 32405	<input checked="" type="checkbox"/> Remove
member	Ryan B Hall	1050 Planters Trail	<input checked="" type="checkbox"/> Add
		Bogart, GA 30622	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: 05/27/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 21, 2014



Signature of a member or authorized representative of a member

Melissa D Hall

Typed or printed name of signee

2014 MAY 27 PM 1:16
OFFICE OF THE
CLERK OF THE
FLORIDA SUPREME COURT