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2019 AUG 30 AH IO: 40 SECRETARY OF STATE

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COVER LETTER

CODECT.	Mortgage LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of ,	Amendment and fee(s) are subi	mitted for filing.	
Picase return all correspo	ndence concerning this matter	to the following:	
	Mclissa Da	wn Hall	
		Name of Person	
	Ameristar Mortgage , LLC		
		Firm/Company	<u> </u>
	1681 Maitland Ave		
	 .	Address	
	Maitland, FL 32751		
	mhall@ameristarmortgage.c	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ill:	
Melissa D Hall		706- 286-6911 at ()	
Name of	° Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

TO:

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

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) led Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number £13000116745	any were filed on 8-19-2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	office address on our records, enter the name of the
registered agent and/or the new registered office address h	here:
Name of New Registered Agent:	P
New Registered Office Address:	Enter Florida street address
	, 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>	<u>Address</u>	Type of Action
МЕМ	Olivier Ducimetiere - Monod	79 Avenue G, Apalachicola, FL 32320	Add
			Remove
			Change
			
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(If an effe Note:	ve date, if other than the date of filing: AUGUST 192019 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	AUGUST 19, 2019. Molesa Deluctual Signature of a member or authorized representative of a member
	Meussa D. Harr Typed or printed name of signee

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Filing Fee: \$25.00