# 114000030764

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# MAINSAIL CAPITAL 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:

Name of Person

Roth Law Firm PL

Firm/Company

234 Canal Blvd., Suite 2

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

jb@rothlawfirm.net

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

For further information concerning this matter, please call:

JB Roth

<sub>at</sub> 904, 595-790

Name of Person

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MAINSAIL CAPITAL MORTGAGE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	ida Limited Liability Company)	_	
The Articles of Organization for this Limited Liability Florida document number L14000030764	Company were filed on 02/24/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		王 王	
(Principal office address MUST BE A STREET ADI	DRESS)	7.5	
		Sign in the second seco	
		75	
Enter new mailing address, if applicable:		8	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ds, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered age			

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 **Type of Action** Title <u>Name</u> <u>Address</u> Jay A. Pearson 21 Jessica Dr. **AMBR** ☐ Add Nashua, NH 03060 ■ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

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he date this document is filed by the Foated March 4	ot be prior to date of receipt or filed date and cannot be more than 90 days after orida Department of State)  , 2014	_

Page 3 of 3

Filing Fee: \$25.00