

L15000020071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

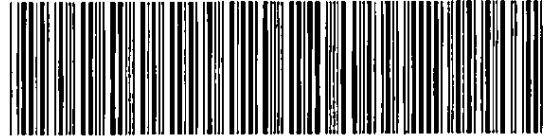
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/23--01028--027 **60.00

2023 MAY 22 AM 7:44
Filing Office

7/18/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIVATE MORTGAGE SOURCE, 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:

George L. Coniglio

Name of Person

The Coniglio Family Trust

Firm/Company

11101 Tom Rolsom Rd.

Address

Thonotosassa, FL 33592

City/State and Zip Code

GeoPauCon@msn.com

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

For further information concerning this matter, please call:

George L. Coniglio

813 986-7171
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

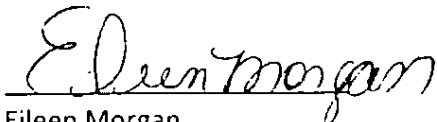
Affidavit

State of Florida
County of Hillsborough

I, Eileen Morgan, being duly sworn deposes and states as follows under of the penalty of perjury:

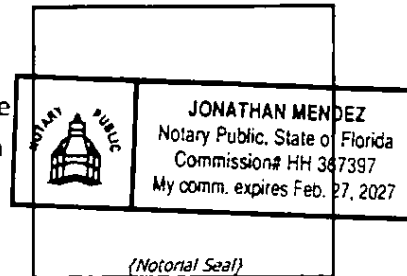
1. My name is Eileen Morgan, I am the widow of Patrick Williams, and my current address is; 1908 South Mobile Villa Drive, Lutz, FL 33549.
2. The purpose of this affidavit is to establish the fact that Patrick Williams, MGR and Registered Agent for Private Mortgage Source, LLC, a Florida Limited Liability Company died May 5, 2023. George L. Coniglio was the co-owner of this LLC so he should now control said LLC.

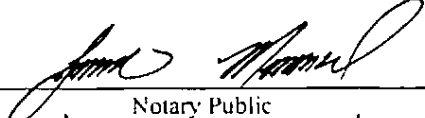
I hereby swear or affirm that the above information above is true, accurate and complete to the best of my knowledge and that no relevant information has been omitted.


Eileen Morgan

State of Florida
County of Hillsborough

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me by means of ☒ physical presence or ☐ online notarization on **May 19, 2023**, by **Eileen Morgan**, who is/are personally known to me or has/have produced a valid driver's license as identification. validated Drivers License




Notary Public
Jonathan Mendez
(Printed Name)

My Commission expires: 2/27/2027

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

2023 MAY 22 AM 7:44

PRIVATE MORTGAGE SOURCE, 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 2/2/2015 and assigned
Florida document number L15000020077.

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 contain 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)

11101 Tom Rolsom Rd.

Thonotosassa, FL 33592

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11101 Tom Rolsom Rd.

Thonotosassa, FL 33592

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:

George L. Coniglio

New Registered Office Address:

11101 Tom Rolsom Rd.

Enter Florida street address

Thonotosassa

Florida 33592

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>	<u>Type of Action</u>
MGR	Patrick Williams	14802 North Dale Mabry #200	<input type="checkbox"/> Add
		Tampa, FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	George L. Coniglio	11101 Tom Folsom Rd.	<input checked="" type="checkbox"/> Add
		Thonotosassa, FL 33592	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paulette Coniglio	11101 Tom Folsom Rd.	<input checked="" type="checkbox"/> Add
		Thonotosassa, FL 33592	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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