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TALLAHASSEE, FLORIDA

JUL 07 2015

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MOSAIC PARTNERS, 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:

John T. Lomax, III

\_\_\_\_\_  
Name of Person

Mosaic Partners, LLC

\_\_\_\_\_  
Firm/Company

208 W. Mitchell Avenue

\_\_\_\_\_  
Address

Santa Rosa Beach, Florida 32459

\_\_\_\_\_  
City/State and Zip Code

johntlomax@aol.com

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

For further information concerning this matter, please call:

Larry Keefe

850 863-1974  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MOSAIC PARTNERS, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/02/2015 and assigned

Florida document number L15000037770

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:

208 W. Mitchell Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Santa Rosa Beach, Florida 32459

Enter new mailing address, if applicable:

208 W. Mitchell Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Santa Rosa Beach, Florida 32459

**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:

Lawrence Keefe

New Registered Office Address:

Keefe, Anchors & Gordon, P.A., 2113 Lewis Turner, Blvd., Suite 100

Enter Florida street address

Fort Walton Beach

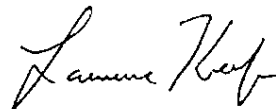
, Florida 32547

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	John T. Lomax, III	208 Mitchell Avenue	<input type="checkbox"/> Add
		Santa Rosa Beach, Florida 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Wood	56 Spires Lane, #14B	<input type="checkbox"/> Add
		Santa Rosa Beach, Florida 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member- *Johanna C. 116*

Signature of a member or authorized representative of a member

Typed or printed name of signee

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