115000079759

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COVER LETTER

Đ	ivision of Corp	porations			
SUBJECT		Mortgage, LLC			
SUBJECT	·	Name of Limi	ted Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please retu	ırn all correspoi	ndence concerning this matter t	to the following:		
		Dean Staley			
			Name of Person		•
		True Vision Mortgage, LLC	C		
	Firm/Company				
	730 Sunflower Circle				
			Address		•
		Weston, FL 33327			
			City/State and Zip Code		•
		dlstaley@comcast.net			
		E-mail address: (t	o be used for future annual rep	ort notification)	
For further	r information co	oncerning this matter, please ca	dl:		
Dean Stale	еу		610 780-9	272	
	Name of	Person		Daytime Telephone Number	
Enclosed i	s 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 enclose	ed) Certified	te of Status &

MAILING ADDRESS:

Registration Section

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

FILED

2015 AUG 10 AM 8: 23

True Vision	n Mortgage, L	SECRETAM OF STATE IALICADASSEE, FLORIDA
(Name of the Limited Li (A F	ability Company as it now appears on our i	records.)
The Articles of Organization for this Limited Liabili Florida document number L15000079759	ity Company were filed on May, 6th 20	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET All office).	; 	"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or r registered agent and/or the new registered office		cords, enter the name of the nev
Name of New Registered Agent:		
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>	Address	Type of Action
President	Dean A Staley	730 Sunflower Circle, Weston, FL:	■ Add
			Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
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			Change
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			Remove
			Change
			Add
			Remove
			☐ Change

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Effective date, if other than	ı the date of f	iling:			(option	ıal)	
f an effective date is listed, the da Note: If the date inserted in t document's effective date on	te must be specific his block does n	e and cannot be not meet the ap	prior to date of pplicable statu	filing or more tha	ın 90 days after fil	ling.) Pursuant to 605	
e record specifies a del The 90th day after the	ayed effective record is file	ve date, bu ed.	t not an eff	ective time,	at 12:01 a.r	m. on the earli	er of:
Dated August 6th		2015					
h/Ω			 _				

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Typed or printed name of signee

Filing Fee: \$25.00