

LIS000089530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

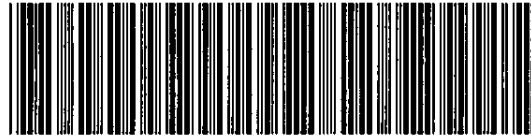
(Business Entity Name)

(Document Number)

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FILED
2015 OCT 22 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Gulliver OCT 23 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CROSSVIEWMORTGAGE, 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:

Christina Vaughan

Name of Person

CROSSVIEW MORTGAGE, LLC

Firm/Company

301 West Bay Street Suite 1436

Address

Jacksonville, FL 32202

City/State and Zip Code

cvaughan@crossviewmortgage.com

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

For further information concerning this matter, please call:

Christina Vaughan

904

329-7231

Name of Person

at (_____) _____
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**

FILED
2015 OCT 22 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CROSSVIEWMORTGAGE, 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 May 20, 2015 and assigned
Florida document number L15000089530

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)

301 West Bay Street Suite 1436
Jacksonville, FL 32202

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

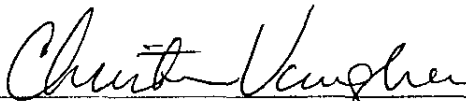
301 West Bay Street Suite 1436
Jacksonville, FL 32202

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:

<u>Name of New Registered Agent:</u>	<u>Christina Vaughan d.b.a Tre of Life, LLC</u>
<u>New Registered Office Address:</u>	<u>5151 Playpen Drive #11</u>
	Enter Florida street address
	<u>Jacksonville</u> , <u>Florida</u> <u>32210</u>
	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>
AMBR	Investor's Consulting, LLC	6543 Jammes Road	☐ Add
		Jacksonville, FL 32244	☒ Remove
			☐ Change
AMBR	Christina Vaughan	5151 Playpen Drive #11	☒ Add
		Jacksonville, FL 32210	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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.

Dated October 20th, 2015.


Signature of a member of authorized representatives

Signature of a member or authorized representative of a member

Christina Vaughan
Typed or printed name of signer

Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA