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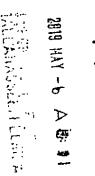
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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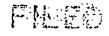
Division of Co			
SUBJECT:	Yosaic Mar	tgage LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	-Juin	CaylOS Arroye Name of Person)
		Firm/Company	
	1282 (ovedale Dr.	
			ator & catlook . Com
	Jarroyo, M.	Ortgage lognorigine	ator & actlook. Com
For further information (concerning this matter, please ca	all:	
Tuan Ca	of Person	at (<u>8/3</u>) <u>789 - 2</u> Area Code Daytime	2702 Telephone Number
Enclosed is a check for t	he 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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mosaic Mor	tgage, LLC	2019 HAY -6 A 6 31
(A Flor	oilist Combany as it now appears on a ida Limited Liability Company)	MALLAHASOBE, FLOJAHA
The Articles of Organization for this Limited Liability	Company were filed on/_	Cy 22, 2017 and assigned
Florida document number <u>L /7000//25</u>	78	O
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Mosaic Mortgage The new name must be distinguishable and contain the words "L	Loun Originator	JLLC
The new name must be distinguishable and contain the words "L	united Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our ldress here:	records, enter the name of the new
	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet 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
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		□ Add	
			Remove
			☐ Change

	
(If an effectiv Note: If th	date, if other than the date of filing:
	ispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlien the day after the record is filed.
Dated	April 30 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00