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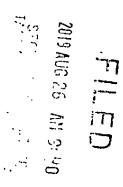
(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mosqic Mortgage Loan Originator LLC
Name of Finance Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tuen Carlos Arrage
Firm/Company
12820 Coverdale Dr
/ Water,
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail/Address: (to be used for fature annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuun Carlos Awayo at 813, 289-2702 Name of Person at 813 Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

(A Floric	ge Journal Signature (it Company as it now appears an our records. la Limited Liability Company)	r LLC
The Articles of Organization for this Limited Liability Florida document number 4/7000/1/2-5	Company were filed on <u>May 2</u> 78	-2, 201 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Mosure Transport The new name must be distinguishable and contain the words "Li	Fation LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		77.5
		- T
B. If amending the registered agent and/or reg	istered office address on our records, <u>dress here</u> :	金 一
		9: 00
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Par Plata and D	
	Enter Florida street address	
	, Flo	rida 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juan Carlos Arroyo	12820 Coverdade Or	10 Add
	· ·	12820 Coverdada Dr Tampa 71 33624	Remove
		1.00	Change
MGR	Onika D Fennell	1625 Shady Caks Dr	Add
		Oldsmer 7/34677	□ Remove
			Change
			Add
			☐ Remove
			Change
			
			Remove
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(If an effective Note: If t	late, if other than the dedate is listed, the date must be date inserted in this blocks effective date on the Dep	be specific and ck does not m	cannot be prior to eet the applica	o date of tiling or mo ble statutory filing	(option than 90 days after requirements, this	filing.) Pursuant to 605.0
the record) The 90	specifies a delayed th day after the reco	effective dans rd is filed.	ate, but not	an effective ti	me, at 12:01 a	.m. on the earlie
Dated	Aug 22	_ .	2019	_ ·		
		$\sqrt{\Lambda}$	\wedge			
		Ciunature a	nember or author	fized representative (f a member	

Page 3 of 3

Filing Fee: \$25.00