## L17000137640

(Re	equestor's Name)	<del></del>
(Ac	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nan	ne)
(Dx	ocument Number)	<del>.</del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

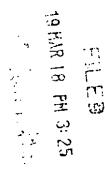




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## COVER LETTER .

TO: Registration Section Division of Corporations			
SUBJECT: 1489 MORT	GAGEE MA Name of Limite	MAGEMENT, LLC ad Liability Company	2
The enclosed Articles of Amendmen	and fee(s) are subm	itted for filing.	
Please return all correspondence con-	erning this matter to	the following:	
	SHANNON	BROOKSHIRE  Name of Person	
<del></del>	GROVER COR	LEW OF FLORID. Firm/Company	A, LLC
<del></del>	2335 E. A	Address	), STE 300
<del></del>	POMPANO B	EACH FL 330	062
	Sbrookshi	EACH FL 330 City/State and Zip Code CE Grover Corle e used fooduture annual report r	w.com /
For further information concerning this		·	,
SHANNON BROOKSH Name of Person	11 PE	at (404 ) 245 Area Code Day	Telephone Number
Enclosed is a check for the following a	imount:		
	Filing Fee & icate 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**

1489 MORTG	AGEE MANAGEMEN	T110	
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Lial	bility Company were filed on	6/26/2017	and assign 1
Florida document number <u>L17 000137</u>	640		and assigned
This amendment is submitted to amend the follow	<del></del>		
A. If amending name, enter the new name of t	he limited liability company her	re·	
The new name must be distinguishable and contain the work	SEMENT, LLC	<u> </u>	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the de-	signation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicab		,- . v	五 石
(Principal office address MUST BE A STREET	ADDRESS)		30
		7. ·	-T F169
		**	بن
Enter new mailing address, if applicable:		۲۰ د .	. 2
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	-		
R If amonding the projection to		-	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on ( e address here:	our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		F31 · · ·	
-	City	, Florida Zij	v Code
New Registered Agent's Signature, if changing Regi	istered Agent:		· •
	<del></del>		

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
			□ Remove
			Change
<del></del> _			
			□ Remove
		<del></del>	Change
<del></del>	<del></del>		
			□ Remove
			Change
<del></del>			
		□ Remove	
			☐ Change
			Remove :
		<del></del>	□ Change
			□ Remove

D. Hame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing: 1/1/2019 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  Oth day after the record is filed.
Dated	MARCH 13 2019
	Signature of a member or authorized representative of a member
	ANUT GROUSE
	ANUJ GROVER Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00