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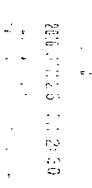
(Requestor's Name)
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JAN 29 2018 J. HARRIS

## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	Mortgage T-	Broker Franchising, LLC		
	···	Same of Lir	nited Liability Company	
The enclo	sed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please ret	urn all corresp	condence concerning this matter	r to the following:	
		Amy Brown		
			Name of Person	
		Katz Teller		
			Firm/Company	<del></del>
		255 E Fifth St Ste 2400		
			Address	<del></del>
		Cincinnati OH 45202		
			City/State and Zip Code	
		abrown@katzteller.com		
			to be used for future annual report no	olification)
For further	r information (	concerning this matter, please c	all:	
Amy Brov			513 977-3486 at()	
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for t	he following amount:		
\$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy)	□ \$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

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abbreviation "L.I. C."
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Zin Carta

## 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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the deflective date is listed, the date must be at lift the date must be at lift the date inserted in this block of the date inserted in the Deport of the second specifies a delayed ene 90th day after the record	k does not meet the applicable artment of State's records.	ane or thing or more than 9 e statutory filing require	0 days after filing.) Purs ments, this date will (	ot be listed
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Magnus J. Sublett	n LL H		ber	
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Filing Fee: \$25.00