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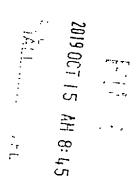
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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C Kiuzes

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mosaic Property Group LLC Name of Limited Dability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
NEAL G. CHAMBERS Name of Person
Mosaic Property Group LLC
3820 Northdale Blud Suite 205A
TAMPA, FL. 33624 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 444-5251 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Section Certificate of Status Section Certificate of Status Section Certificate of Status Section Certificate of Status Section Certified Copy (additional copy is enclosed) \$55.00 Filing Fee Section Certificate of Status Section 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

Mosaic Property Group LLC

(Name of the Emile	(A Florida Limited Lia	pility Company)	records.		
The Articles of Organization for this Limited Li Florida document number <u>L19000239</u>		ere filed on <u>09 - 2</u>	13-2019	and assigne	đ
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabilit	v company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	n "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applic	able:	·			
(Principal office address MUST BE A STREE	T ADDRESS)			2019	
	-	 .		<u> </u>	
			:	-5	,
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE)	BOX)				
	-		;	- 5	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	MEAL G.	CHAMBERS Hhdale Blvd. Enter Florida street	Suite 20	SA	<u>he new</u>

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
MGR	NEAL G. CHAMBERS	3820 Northdale Blud	⊠ Add
		Suite 205A	□ Remove
		TAMPA, F-L. 33624	Change
			□ Add
			□ Remove
			□ Change
MGR	NGC COMMERCIAL INC.	3820 Northdak Blrd.	Add
		Suite 205A	Remove
		TAMPA, FL. 33624	Change
		· - · · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			D Add
			□ Remove
			Change

•	
•	
(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	NEAL G. Chambers Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00