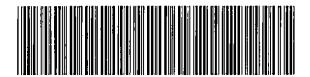
## L21000032924

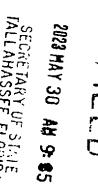
(Requestor's Name)					
(Address)					
(Address)					
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(Document Number)					
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## **COVER LETTER**

TO:

	egistration So vision of Cor		.•				
SHB ISCT		AZER MORTGAGE L.L.C.					
SUBJECT	Name of Limited Liability Company						
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		Rebecca Thomas					
			Name of Person				
		Acrisure, LLC					
	Firm/Company						
	100 Ottawa Ave SW						
			Address	***************************************			
		Grand Rapids, MI 49503					
		•	City/State and Zip Code	<del>(                                    </del>			
		entitymanagement@acrisur					
For further i	information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	otification)			
Rebecca Th	iomas		616 265-1734				
Name of Person		Area Code Dayti	me Telephone Number				
Enclosed is	a check for th	ne 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		Street Address: Registration S	ection				
Division of Corporations			Division of Co	Division of Corporations			
P.O. Box 6327				The Centre of Tallahassee			
Tallahassee, FL 32314		2413 IV. MORE	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAILBLAZER MORTGAGE L.L.C.

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.21000032924	y were filed on 01/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		EC &
(Principal office address MUST BE A STREET ADDRESS)		AHAS AHAS 3
	<u></u>	SET D
		HAY 30 AH 9: RETARY OF STA AHASSEE, FLORE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	Iress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties. s provided for in Chapter 60	, and I am familiar with and  15, F.S. Or, if this document is

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
AMBR	Michael Dunn	189 S. Orange Avenue, Ste 970	□Add
		Orlando, FL 32801	□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee