

L21000 258833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

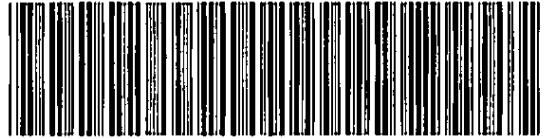
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PCH JV VENTURES #5, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Green

\_\_\_\_\_  
Name of Person

FBC Mortgage, LLC

\_\_\_\_\_  
Firm/Company

189 S. Orange Avenue, Suite 970

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code

legal@fbchomeloans.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Green

407

284-4893

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PCH JV VENTURES #5, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/010/202006/03/2021 and assigned Florida document number 1.21000258833.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

Acrisure Mortgage Partners, LLC.

100 Ottawa Avenue SW Grand Rapids, Michigan 49503

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

100 Ottawa Avenue SW Grand Rapids, Michigan 49503

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Acrisure Mortgage Partners, LLC	100 Ottawa Avenue SW	<input checked="" type="checkbox"/> Add
		Grand Rapids, Michigan 49503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PINE COURT HOLDINGS, LLC		<input type="checkbox"/> Add
		189 S. ORANGE AVENUE #970	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

Dated Nov 3, 2022

Alexander

Aaron Kanter

**Filing Fee: \$25.00**