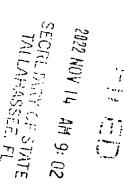
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COVER LETTER

•	Division of Cor		. (
		PCH JV VENTURES #6, LLC				
SUBJEC	T:	Name of Lim	ited Liability Company			
The encli	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ndence 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@tbehomeloans.com E-mail address: (to be used for future annual report noti	fication)		
For furthe	er information c	oncerning this matter, please c	all:			
Jennifer	Green		407 284-4893			
-	Name o	l'Person	at ()	oc Telephone Number		
Enclosed	is a check for th	ne following amount:				
☐ \$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		orporations	Division of Corporations			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PCH JV VENTURES #6, 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 11/19/2021 _____ and assigned Florida document number $\frac{1.21000499023}{2}$ 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." Acrisure Mortgage Partners, LLC. Enter new principal offices address, if applicable: 100 Ottawa Avenue SW Grand Rapids, Michigan 49503 (Principal office address MUST BE A STREET ADDRESS) 100 Ottawa Avenue SW Grand Rapids, Michigan 49503 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

_, Florida __

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Acrisure Mortgage Partners, LLC	100 Ottawa Avenue SW	= Add
		Grand Rapids, Michigan 49503	[]Remove
			□Change
AMBR	PINE COURT HOLDINGS, LLC		□Add
		189 S. ORANGE AVENUE #970	≣Remove
		ORLANDO, FL 32801	Change
	<u> </u>		□Add
			Remove 202
			2028 NOV IL Altigo: 02 ge SEGECTADO OF RETAINED TALLAHASSEE, FL
			[]Change
			[]Remove
			□Change
			□Add
			LRemove
			ElChange

11 ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If	date, if other than the date of filing:
he record s ord is filed.	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Nov 3, 2022
	Autor Garden deep 3, 20 27 fe 85 fb. Signature of a member or authorized representative of a member
	Aaron Kanter
	Typed or printed name of signee

Filing Fee: \$25.00