# M23000001384

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 560888 AUTHORIZATION COST LIMIT : ORDER DATE: March 10, 2023 ORDER TIME : 8:23 AM ORDER NO. : 560888-005 CUSTOMER NO: 8037396

#### DOMESTIC AMENDMENT FILING

NAME: MOSAIC ACCOUNTING, LLC EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT \_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

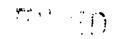
CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

### **COVER LETTER**

Division of C			
CHAIR TROT.	ACCOUNTING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	•		
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Maria E Suppa		
		Name of Person	•
	MOSAIC ACCOUNTING	, LLC	
	<u> </u>	Firm/Company	
	126 BUSINESS PARK D	RIVE	
		Address	
	UTICA, NY 13502		
		City/State and Zip Code	•
	msuppa@rphc.com	•	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Maria E. Suppa		315 272-2120 at()	
Namo	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclased)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			•
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, FL 32314		2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303

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



2023 HAR 13 AH 8: 58

Mosaic Accounting, LLC		•
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/01/2023	and assigned
Florida document number M23000001384	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
TB Mosaic Financial LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Negateros Agent.		· · · ·
New Registered Office Address:		
	Enter Florida street address	
_ <del></del>	, Floric	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d 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>	Type of Action
	<del></del>		□Add
		<del></del>	Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
			□Remove
		<del></del>	Change
<del></del>		<del> </del>	
			□Remove
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			□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change

	<del></del>
lf an ci <u>Note:</u>	tive date, if other than the date of filing:  [O2/22/2023]  Tective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
docur	nent's effective date on the Department of State's records.
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tiled.
Dated	March 10 , 2023
	Moruo & Suppo Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Maria E Suppa

Filing Fee: \$25.00

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF 'MOSAIC ACCOUNTING,
LLC', CHANGING ITS NAME FROM "MOSAIC ACCOUNTING, LLC" TO "TB
MOSAIC FINANCIAL LLC", FILED IN THIS OFFICE ON THE TWENTYSECOND DAY OF FEBRUARY, A.D. 2023, AT 1:48 O'CLOCK P.M.



Authentication: 202769676

Date: 02-23-23

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	Liability Company:	MOSaic	Accounting,	LLC
		*	· •	
as follows:	Formation of the lim	nted habii	ity company is n	ereby ar
	the limited li	ahilit.	. company is	
The name or	the limited if	abilic	/ Company is	• •
TB Mosaic Fi	nancial LLC			
1				
IN WITNESS W	HEREOF, the under	signed hav	ve executed this (	Certifica
	HEREOF, the under	~		
	HEREOF, the under	~		Certifica D. <u>202</u> 1
		~		
	day of Febru	Docusigned		
		Docusigned	, A.I 1 by: . T. Surace	O. <u>2023</u>
	day of Febru	Docusigned	, A.I	O. <u>2023</u>
	day of February By:_	Stephen Formace	, A.I 1 by: . T. Surace	O. <u>2023</u>

### **COVER LETTER**

TO: Registration Section Division of Corporations				
	ACCOUNTING, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
	•			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Maria E Suppa			
		Name of Person		
	MOSAIC ACCOUNTING	, LLC		
		Firm/Company		
	126 BUSINESS PARK D	RIVE		
		Address		
	UTICA, NY 13502			
	<del></del>	City/State and Zip Code	•	
	msuppa@rphc.com			
	E-mail address: (	to be used for future annual report not	ilication)	
For further information o	oncerning this matter, please c	all:		
Maria E. Suppa		315 272-2120 at (		
Name of Person			e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			•	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Division of Co The Centre of T	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tailahassee, l	tL 32314	2415 N. Monro	e street, suite 810	

Tallahassee, FL 32303