## L12000066950

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## **COVER LETTER**

TO: Registr: Division		ction porations			
A 8	è D Mor	tgage LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Art	ticles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all o	correspo	ndence concerning this matter	to the following:		
		Maksim Slyusarchuk			
			Name of Person		
		A&D Mortgage LLC			
Firm/Company					
		1040 S Federal Hwy			
			Address		
		Hollywood, FL 33020			
			City/State and Zip Code		
		4437499@gmail.com			
For further inform	mation c	n-mail address; ( oncerning this matter, please ea	to be used for future annual reportable:	rt notification)	
Martina Velez			305 760-70i		
	Name o	f Person	Area Code D	aytime Telephone Number	_
Enclosed is a che	eck for th	ne following amount:		7.55 C.	THE FEB .
<b>≘</b> \$25,00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Certificate of Certified Co (additional edge	Statur & III
			X	Ç	W 38
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of C Clifton Build	orporations ing ve Center Circle	বল	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&D Mortgage LLC	
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L Florida document number L12000088950	Liability Company were filed on 07/07/2012 and assigned
This amendment is submitted to amend the foll	lowing:
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREI	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	ΒΟλ)
B. It amending the registered agent and registered agent and/or the new registered o	/or registered office address on our records, <u>enter the name of the new</u> <u>office address here</u> :
Name of New Registered Agent:	Martina Velez
New Registered Office Address:	1040 S Federal hwy
, territoria de la companya de la co	Emer Florida street address
	Hollywood Florida 33020
	City Zipt Onde
New Registered Agent's Signature, if changing	Registered Agent:
provisions of all statutes relative to the propaction as reg	ed agent and agree to act in this capacity. I further agree to demply will the per and complete performance of my duties, and I amfuniliar with and istered agent as provided for in Chapter 605, F.S. Or if this document is registered office address, I hereby confirm that the limited liability is change.
	Maitina Villy
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			AJd
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			☐ Remove
		-	☐ Change
			Remove
		<del></del>	
			<u></u>
			Remove
···			
			Pernove
			□ Change

If amending any other inform	natión, enter ch	ange(s) here: (Attach	additional sheets, i	f necessary.)	
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			<u> </u>		<del></del>
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			<u>-</u>		
Effective date, if other than t	the date of filing	;		(optional)	
If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	s block does not m	eet the applicable statute	ling or more than 90 day ory filing requirement	s after filing.) Pursuant is, this date will not b	to 605.0207 ( be listed as t
he record specifies a delay The 90th day after the r	yed effective d ecord is filed.	ate, but not an effe	ctive time, at 12	:01 a.m. on the	earlier of:
Dated February 5th	·	2018		2018 F	77
	$\sim$			EB33	الانجيب التعريب
	Signature of a n	nember or althorized repre	sentative of a member	10 to	 
				(1) C.	rri Fr
Maksim Slyusarchuk					
		Typed or printed name of:	signee		<del></del>

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Filing Fee: \$25.00