

**L120000107880**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
13 MAY -9 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY 10 2013  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**KINGSTON MORTGAGE LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Yosef Y Kanner**

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

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

**3121 W Hallandale Beach Blvd., Suite 102**

\_\_\_\_\_  
Address

**Hallandale FL 33009**

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

**y@floridastatetrust.com**

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

For further information concerning this matter, please call:

**Yosef Y Kanner**

**717 467-1680**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FILED**

**13 MAY -9 AM 10:18**

**KINGSTON MORTGAGE LLC**

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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 08/22/2012 and assigned  
Florida document number L12000107880.

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 end with 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)**

**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*

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

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13 MAY -9 AM 10:18

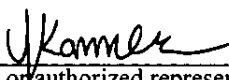
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Florida State Trust	PO Box 820 HALLANDALE, FLORIDA	<input type="checkbox"/> Add
		Hallandale FL 33008	<input checked="" type="checkbox"/> Remove
MGRM	DYC Group	P.O. Box 820	<input checked="" type="checkbox"/> Add
		Hallandale FL 33008	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILED**  
**13 MAY -9 AM 10: 18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Dated May 2nd, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Yosef Y Kanner**  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**