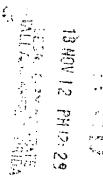
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## **COVER LETTER**

TO: Registration Division of	n Section Corporations
	SIDENT MORTGAGE LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Yosef Y Kanner
	Name of Person
	Firm/Company
	PO Box 820
	Address
	Hallandale FL 33008
	City/State and Zip Code y@floridastatetrust.com
For further informati	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:
Yosef Kanner	717 467-1680
Na	me of Person Area Code & Daytime Telephone Number
Enclosed is a check t	or the following amount:
■ \$25.00 Filing Fee	Solution Filing Fee & ☐\$55.00 Filing Fee & ☐\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

### PRESIDENT MORTGAGE LLC

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

1A)	ionda Linnied L	лавину Сопірану)		
The Articles of Organization for this Limited Liab Florida document number	bility Company	were filed on	)12	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," th	e designation "LLO	C" or the abbreviation
Enter new principal offices address, if applicat	nle•	6015 Washington	Street	
(Principal office address MUST BE A STREET		Suite 200		
1. The spin spine was the spine of the spine	71DDRESS)	Hollywood, Florida	33023	m.d.
Enter new mailing address, if applicable:				80
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		. } . \$4.	<i>r</i> 3
			· ;:	
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter the</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:	6015 Washi	ington Street, Suite 2	200	
		Enter Flo	rida street addres	SS
	Hollywood		3302, Florida	23
		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 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 <u>Title</u> <u>Name</u> **Address** Type of Action Add Remove Remove Add Remove  $\overline{\nabla}$ \<u>\</u>2 Remove Remove Add Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d_	
-	Signature of a member or authorized representative of a member
	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

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