112000 112106

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200253548512

11/12/13--01043--001 **1325.00



COVER LETTER

Division of Co			
	RMAN MORTGAGE, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Yosef Y Kanner		
		Name of Person	
	·	Firm/Company	
	PO Box 820		
	·	Address	
	Hallandale FL 33008	3	
	y@floridastatetrust.c	City/State and Zip Code om	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information	concerning this matter, please concerning	all:	
Yosef Kanner		717 467-1680	
Name	of Person	Area Code & Daytime To	elephone 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

F	IΤ	TΕ	R	M	IAI	J	MO	RT	GA	GE,	110	\mathbf{C}
•			., ,			•	1110		~	·~-,		_

(Name of the Limited	l Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited L L12000112106 Florida document number	iability Company	were filed on	31/2012	and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	f the limited liab	oility company her	2:		
The new name must be distinguishable and end wi	th the words "Limi	ited Liability Compa	ov." the designation "LLC"	or the abbreviation	
L.L.C."			.,, 200g 		
Enter new principal offices address, if appli	cable:	6015 Washing	gton Street		
Principal office address MUST BE A STREET ADDR		Suite 200			
	"	Hollywood, Fl	orida 33023	i jit	
				- Total	
Inter new mailing address, if applicable:			, i	J (***)	
Mailing address MAY BE A POST OFFICE	BOX)				
) de si	
			<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	Tice address on o e:	ur records, enter the n	ame of the ne	
Name of New Registered Agent:					
New Registered Office Address:	6015 Wash	ington Street, Si	uite 200		
		Ente	er Florida street address		
	Hollywood		, Florida	<u> </u>	
		City	7:	in 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
MGRM	DYC Group LLC	Po Box 820	Add
		Po Box 820 Hallandale FL 33008	Remove
		•	Add
			Remove
			Add
			Remove
			Ädd
			Remove
			Add
			Remove
			- Add
			Remove

_	. 1
_	
-	
_	
_	
i	
' —	11.
	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