

L12000112108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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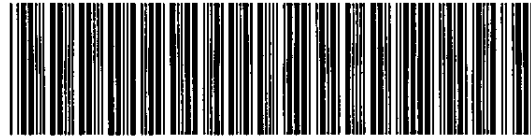
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

EASTERN PARK 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

PO Box 820

\_\_\_\_\_  
Address

Hallandale FL 33008

\_\_\_\_\_  
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 Kanner

717 467-1680

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

at ( )

\_\_\_\_\_  
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

RECEIVED  
13 NOV 12 PM 12:21  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**EASTERN PARK MORTGAGE, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 08/31/2012 and assigned  
Florida document number L12000112108.

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)**

2750 NE 185TH STREET

SUITE 203

AVENTURA, FL 33180

**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:

6015 Washington Street, Suite 200

*Enter Florida street address*

Hollywood

Florida 33023

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Paul Feldman, ESQ as	Trustee	<input checked="" type="checkbox"/> Add
		2750 NE 185TH STREET, SUITE 203	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FALLS CHURCH, VA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated \_\_\_\_\_, \_\_\_\_\_.



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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13 NOV 12 PM 12:21  
FBI  
FALLS CHURCH, VA 22034