## L12000114346

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HAY -9 AM ID: 58
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY 1 0 2013

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			
NEAT N	ORTGAGE LLC		
	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Yosef Y Kanner		
		Name of Person	<u> </u>
		Firm/Company	
	3121 W Hallandale Beach Blvd., Suite 102		
		Address	
	Hallandale FL 33009		
	y@floridastatetrust.co	City/State and Zip Code	<del></del>
	E-mail address: (to	be used for future annual report notificati	(on)
For further information	concerning this matter, please ca	ill:	
Yosef Y Kanner		717 467-1680	
Name	of Person	Area Code & Daytime Te	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**

FILED

13 MAY -9 AM 10:58

**NEAT MORTGAGE LLC** 

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records, FIF SEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		enter the name of the new
registered agent and/or the new registered office address	ess nere:	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida str	eet address
	Flor	ida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member		12 NAY -0 AH 10 CO	
Title MGR	Name Florida State Trust	13 MAY -9 AM 10: 58  Address SECRETARY OF STATE  3121 Hallandale Beach Blvd Suite 102  Hallandale FL 33008	Type of Action  Add
MGR	DYC Group	P.O. Box 820	Remove  Add
		Hallandale FL 33008	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			_

D. If	amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>	FILED
		13 MAY -9 AN IO: 58
		SECRETARY OF STATE  EALLAHASSEE, 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