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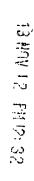
(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	me)
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COVER LETTER

Division of Co				
	Y 18 MORTGAGES LL	С		
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of	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		
	E-mail address: (t	to be used for future annual report notificati	ion) 13 #09/ 12	مد ادروه د
For further information of	concerning this matter, please c	all:	2	11:34 W
Yosef Kanner		717 467-1680	4	• ***
Name o	of Person	Area Code & Daytime Te	elephone Number	* , * , * , * , * , * , * , * , * , * ,
Enclosed is a check for t	he following amount:		35	
■ \$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 enclo	osed)

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

QWERTY 18 MORTGAGES LLC

(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number L12000117823	iability Company	were filed on	2	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and end wi'L.L.C."	th the words "Limi		_	" or the abbreviation
Enter new principal offices address, if applic	able:	6015 Washington St	reet	
Principal office address MUST BE A STREE	T ADDRESS)	Suite 200		
		Hollywood, Florida 3	3023	
Enter new mailing address, if applicable:				A TANK TOTAL TOTAL
Mailing address MAY BE A POST OFFICE	BOX)	·		73
	<u>2011)</u>			
				<u></u>
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of ffice address her	fice address on our reco e:		name of the new
Name of New Registered Agent:				
New Registered Office Address:	6015 Washi	ington Street, Suite 200	0	
		Enter Floria	la street addres.	5
	Hollywood		Florida 3302	3
		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> Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
Marm	DYC Group UC	Po Box 820	Add
		Po Box 820 Hallandale FL 33008	Remove
			Add
			Remove
			Remove
			Add
			Remove
			Remove
			Remove

Ykomule Signatu	
	ire of a member or authorized representative of a member
Yosef Y Kanner	
_	Typed or printed name of signee

Filing Fee: \$25.00