112000117845

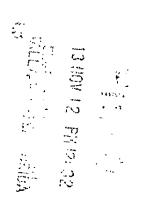
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
		
Special Instructions to	Filing Officer:	•
	•	

Office Use Only



700253548647

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



COVER LETTER

TO: Registration S Division of Co				
	MORTGAGE, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.			
Please return all corresp	condence 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)		رينيا. الينيا:	
For further information	concerning this matter, please call:		2	e eque
Yosef Kanner	717 467-1680		ro m	
Name	of Person Area Code & Daytime Telephone	Number	FH 15: 32	;
Enclosed is a check for	the following amount:	`L-		
■ \$25.00 Filing Fee	Certificate of Status Certified Copy C (additional copy is enclosed)	0.00 Filing Fee, Certificate of Sta Certified Copy additional copy	atus &	losed)

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

TIL	DEN	MACD		110
116	ווםט.		ΓGAGE	, LLU

(<u>Name of the Limited Liabilit</u> (A Florida	y Compar Limited L	y as it now appears on our records iability Company)	.)		•
he Articles of Organization for this Limited Liability (L12000117845 orida document number	Company 	were filed on		_ and	assigned
nis amendment is submitted to amend the following:					
If amending name, enter the new name of the lim	nited liabi	lity company here:			
ne new name must be distinguishable and end with the wo	ords "Limit	ed Liability Company," the designati	on "LLC	C" or th	e abbrevi
.L.C." Iter new principal offices address, if applicable:		6015 Washington Street	, ' ,		
rincipal office address MUST BE A STREET ADDI	RESS)	Suite 200	<u> 1777 </u>	الم	
31.00 mm, 000 11.00 1 22.11 5 1 12.21 1 1 22.11	<u>ILLOS/</u>	Hollywood, Florida 33023	Yes, 100	72	1 :
			2	~	. 1
ter new mailing address, if applicable:					. 1
Aailing address MAY BE A POST OFFICE BOX)				ÿ	70 t 19
			₹9=.	いっ	
If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:	lress here	ice address on our records, en			e of the
Holly	ywood		3302		
——————————————————————————————————————		, Florida	a		<u> </u>

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.

City

Zip Code

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> **Type of Action** Add Remove Remove Remove Add ***** Remove Add Remove Add Remove

'_	' r ı				
_					
_					
_					
_					
	Ykamek	,	•		
	Yosef Y Kanner	ature of a member	or authorized repres	entative of a member	
		Typed	or printed name of si	gnee	

Filing Fee: \$25.00