# L12000117854

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SECRETARY OF STATE

C. LEWIS MAY 1 0 2013 EXAMINER

## **COVER LETTER**

TO: Registration S  Division of Co		Mark Salah	Service Control
NATAN SUB <del>J</del> ECT:	YA MORTGAGE LLC	يونيو جدر	•
30B6EC1;	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Yosef Y Kanner		
		Name of Person	
		Firm/Company	<del></del>
	3121 W Hallandale I	Beach Blvd., Suite 102	
	Hallandale FL 33009	Address	
	y@floridastatetrust.c	City/State and Zip Code	
For further information	E-mail address: (to concerning this matter, please c	to be used for future annual report notificat all:	ion)
Yosef Y 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

FILED

NATANYA MORTGAGE LLC

13 MAY -9 PM 12: 37

(Name of the Limited Liability Company as it now appears on our records, FETARLE OF STATE (A Florida Limited Liability Company)

FALLAHASSEE, FLORIDA: 09/14/2012 \_\_\_\_ and assigned The Articles of Organization for this Limited Liability Company were filed on L12000117854 Florida document number 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) 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: Enter Florida street address Citv

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		FILED		
<u>Title</u>	Name	13 MAY -9 PM 12: 37 SECRETARY OF STATE	Type of Action	
MGRM	Florida State Trust	SECRETARY OF STATE 3121 Hallandale Beach Blyd Still Rio 2	Add	
		Hallandale FL 33008	Remove	
MGRM	DYC Group	P.O. Box 820	Add	
		Hallandale FL 33008	Remove	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			_ Remove	
			_	

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		13 MAY -9 17 12: 3
		13 MAY -9 FM 12: 3  SECHETARY OF STATE TAULAHASSEE, FLORIDA
May 2nd Dated	2013	
<del></del>	Signature of a member or authorized repr	
	Yosef Y Kanno Typed or printed name of	er

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Filing Fee: \$25.00