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(Re	questor's Name)	
(Add	dress)	
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			•
		HUDA MORTGAGE, LL	.C	
SUBJI	ECT:	Name of Limit	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Yosef Y Kanner		
			Name of Person	
			Firm/Company	
		3121 W Hallandale E	Beach Blvd., Suite 102	
			Address	
		Hallandale FL 33009		
		y@floridastatetrust.co	City/State and Zip Code OM	
		E-mail address: (to	o be used for future annual report notificati	on)
For fu	ther information c	oncerning this matter, please ca	all:	
Yose	f Y Kanner		717 467-1680 at ()	
	Name o	f Person	Area Code & Daytime Te	elephone Number
Enclos	ed is a check for th	ne following amount:		
\$25	5.00 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

BEN YEHUDA MORTGAGE, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L12000117872	Company were filed on and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abb	reviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of t	he new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registere		η =
the provisions of all statutes relative to the proper as accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to mply and complete performance of my duties, and light familiar wing gent as provided for in Chapter 608, F.S. Open his Accume and office address, I hereby confirm that the lighted kinbility	h and

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Levinger, Uriel	P.O. Box 820	Add
		Hallandale FL 33008	Remove
MGR	DYC Group	P.O. Box 820	
		Hallandale FL 33008	Remove
	·		Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove

-	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
May 8th	2013
	Ukamer
	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