L12000117901

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13 HAY -9 AM II: 2

C. LEWIS

MAY 1 0 2013

EXAMINER

COVER LETTER

Division of Co	A.u.		
ASHDO SUBJECT: <u>-</u>	D MORTGAGE, LLC	·) ge	
· · · · · · · · · · · · · · · · · · ·	Name of Limit	ed Liability Company	
The enclosed 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	
	E-mail address: (to	be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca	all:	
Yosef Y Kanner		717 467-1680	
Name o	of Person	at ()Area Code & Daytime To	elephone Number
Enclosed is a check for t	he 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 II: 23 ASHDOD MORTGAGE, LLC (Name of the Limited Liability Company as it now appears on our records, ART OF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/14/2012 and assigned L12000117901 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

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

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	
Title MGRM	Name Florida State Trust	Address 13 MAY -9 AM II: 23 Type of Action 3121 Hallandale Beach Blvd Shite 102 Add Hallandale FL 33008	
MGRM	DYC Group	P.O. Box 820 Hallandale FL 33008 Remove	
		Add	

		FILED
		13 MAY -9 AM
		FILED 13 MAY -9 AM SECHETARY OF STA TAULAHASSEE, FLOR
May 2nd	2013	
	Ukamer	
	Signature of a member or authorized represent	tative of a member

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Filing Fee: \$25.00