12000134170

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
. (Bus	siness Entity Name)	
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CONTINUE OF STATE

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	TARFON	MORTGAGE GROUP	LLC	
		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence 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.c		
		E-mail address: (to	o be used for future annual report notificati	ion)
For further in	formation cor	ncerning this matter, please ca	all:	
Yosef Y K			717 467-1680 at () Area Code & Daytime Te	
	Name of I	³ erson	Area Code & Daytime Te	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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:

TO: '

Registration Section

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

TARFON MORTGAGE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v L12000134170 Florida document number	were filed on and assi	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the a	bbreviation
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 here:		f the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	دیس
	City Sip ode	71
New Registered Agent's Signature, if changing Registered Agent:	ASSEE	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ete performance of my duties, and I art fam H ar rovided for in Chapter 608, F.S. Or , Ha is Co cu	with and ment is

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>:

M	GR	=	Manager

::: AMENDING TITLES :::

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Shulman, Devora Beila	P.O. Box 820	Add
		Hallandale FL 33008	Remove
MGRM	Rabinovitz, Pesia	P.O. Box 820	Add
		Hallandale FL 33008	Remove
MGRM	Weiss, Hershel	P.O. Box 820	Add
		Hallandale FL 33008	Remove
MGRM	Fitterman ,Tirza	P.O. Box 820	Add
	·	Hallandale FL 33008	Remove
	Greenwald, Yeshayahu B	Rochel	
MGRM (Greenwald, Yeshayahu	P.O. Box 820	Add
		Hallandale FL 33008	Remove
MGRM Bus	Bussani, Yaacov	P.O. Box 820	Add
		Hallandale FL 33008	Remove

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

::: ONLY AMENDING TITLES :::

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gratsiani, Shely	P.O. Box 820	Add
		Hallandale FL 33008	Remove
			
			Add
			Remove
			Remove
			Add
			Remove
	<u></u>		Add
			Remove
			Add
			Remove

amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
May 8th	2013
	Ykamer
	Signature of a member or authorized representative of a member
	Yosef Y Kanner
	Typed or printed name of signee
	Page I of I

Filing Fee: \$25.00