L12000162145

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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G. HARVEY

EXAMINER

COVER LETTER®

| то: | Registrațion Se Division of Cor | ction porations | | | |
|---------|------------------------------------|--|---|--------------------|-------------------------|
| SUBJI | | ORTGAGE LLC | | | |
| | | Name of Lim | ited Liability Company | | |
| The en | closed Articles of | Amendment and fee(s) are sub | emitted for filing. | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | |
| | | GRATSIANI, GIDEON N | 1 G | | |
| | | | Name of Person | | |
| | | DAGIM MORTGAGE LI | .c | | |
| | | | Firm/Company | | |
| | | P O BOX 820 | | | |
| | | | Address | | |
| | | HALLANDALE, FL 330 | 08 | , | |
| | | | City/State and Zip Code | | 2015 |
| | | DA@FST26.COM | | | SHAY |
| | | E-mail address: (| to be used for future annual report noti | ication) | 規模を |
| For fur | ther information co | oncerning this matter, please c | all; | | 28 ASSE |
| DANI | EL ARKUSH | | 954 393-1151 at () | | |
| | Name of | f Person | | e Telephone Number | 1, 25 1, 25 1, 25 |
| Enclos | ed is a check for th | ne following amount: | | | |
| □ \$2: | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| | MAILI | INC ADDDESS. | STREET/COURT | ED ANNDESS. | |

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

| DAGIM MORTGAGE LLC | | | | | | | | |
|---|--|--|------------------------|----------|----------------|---------------|--|--|
| (Name of the Limit | ed Liability Compa (A Florida Limited | any as it now appears on o Liability Company) | our records. | | _ | | | |
| The Articles of Organization for this Limited L Florida document number L12000162145 | iability Company | were filed on 12/31/2 | 012 | and | d assigne | ed | | |
| This amendment is submitted to amend the following | owing: | | | | | | | |
| A. If amending name, enter the new name of | f the limited liab | oility company here: | | | | | | |
| | | | | | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | _ | | | n "L.L.C." | , | | |
| Enter new principal offices address, if applicable: | | 975 NORTH MIAM | BEACH BLVD | #234 | | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | NORTH MIAMI BE | ACH . FL 33162 | 350 | 310 | | | |
| | | | | | 775 | *** | | |
| Enter new mailing address, if applicable: | | P O BOX 820 | | TASSET | 28 F | in the second | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | HALLANDALE, FI | . 33008 | 77.77 | | ? .*" | | |
| | <u> </u> | · · | | - C3.5 | 10 | | | |
| | | | • | <u> </u> | - ' | | | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | | records, ente | r the na | me of t | he new | | |
| Name of New Registered Agent: | | | | | | <u></u> | | |
| New Registered Office Address: | 975 NORTH M | MIAMI BEACH BLVD | ¥234 | | | | | |
| | | Enter Florida sti | reet address | | | | | |
| | NORTH MIAMI BEACH Florida | | , Florida ³ | 3162 | | | | |
| | | City | | | Zip Code | | | |

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | | | |
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| ective date, if other than the date effective date is listed, the date must be sp | ecific and cannot | ot be prior to o | late of filing or | more than 90 da | (optiona ys after filin | ig.) Pursu | ant to 605 | 5.020 |
| te: If the date inserted in this block de nument's effective date on the Departr | oes not meet t | he applicabl | e statutory fi | ing requiremen | its, this dat | e will n | ot be liste | ed a |
| • | | | | | | | | |
| record specifies a delayed effe he 90th day after the record i | ective date, s filed. | but not a | n effective | time, at 12 | :01 a.m | . on th | ne earlie | er (|
| ed | | 15 | | | | | | |
| | 1, 10 / | ch- | TC', | 1 | • | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00