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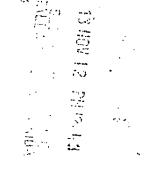
(Re	questor's Name)	
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COVER LETTER

TO: Registration Division of C			
	A MORTGAGE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Yosef Y Kanner		
		Name of Person	
		Firm/Company	
	PO Box 820		
		Address	
	Hallandale FL 33008	3	
	y@floridastatetrust.c	City/State and Zip Code om	·
	E-mail address: (1	o be used for future annual report notificati	ion)
For further information	concerning this matter, please c	all:	
Yosef Kanner		717 467-1680	
Name	e of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for	r 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

IMPALA MORTGAGE LLC

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

(AT)	iorida Ellittea E	nationity Company)		
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed on		_ and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		ility company here:		
The new name must be distinguishable and end with t			nation "LLC	C" or the abbreviation
"L.L.C."		6015 Washington Street		
Enter new principal offices address, if applicab		Suite 200	* ;	· -4
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	Hollywood, Florida 3302	3	
				3
Enter new mailing address, if applicable:			٠,	···,
(Mailing address MAY BE A POST OFFICE BOX)				.53
			, , , , , , , , , , , , , , , , , , ,	Price
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered of e address her	fice address on our records, e:	enter the	name of the ne
Name of New Registered Agent:				
New Registered Office Address:	6015 Washi	ington Street, Suite 200		
		Enter Florida str	eet addres	S
	Hollywood	. Flor	3302 rida	23
•		City		Zip Code
		•		2

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 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 Title <u>Name</u> <u>Address</u> **Type of Action** Add Remove Add Remove Add Remove Remove Remove Remove

	
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y and	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00