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COVER LETTER

TO: Regi

Registration Section Division of Corporations

SOUTHPOINT LOAN SERVICING LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIEZER PINSON

Name of Person

FLORIDA STATE TRUST

Firm/Company

6015 WASHINGTON STREET, STE 200

Address

HOLLYWOOD, FL 33023

City/State and Zip Code

E@FLORIDASTATETRUST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIEZER PINSON

305 343-8630

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

SOUTHPOIN LOAN SERVICING 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. Florida document number <u>L14000069858</u> .	vere filed on 04/30/2014	_ and assigned
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 "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "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 off	ice address on our records, enter th	e name of the new
registered agent and/or the new registered office address here		<u> </u>
Name of New Registered Agent:	AL ALL	TO THE COMMENT
New Registered Office Address:	Enter Florida street address	
	7.7em	
New Registered Agent's Signature, if changing Registered Agent:	City ORID DA	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	performance of my duties, and I am fam	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> MORDECHAI FEINSTEIN	Address PO BOX 820	Type of Action
			Add
		HALLANDALE, FL 33008	Remove
			<u></u>
			□ Remove
			□ Remove
			Add
			Remove
		رين دري درين	C NO I
		(C) (C) (A)	Z (3) hazzi Z □ Add Z z
		Dr.	⊕ Remove
			d Remove
			
	·		Add
			□ Remove

). If amending any other information, enter cha	ige(s) here: (Attach ad	lditional sheets, if necessary.)
		•
	·	
Effective data if other than the data of filings		(antional)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	f receipt or filed date and car State)	(optional) nnot be more than 90 days after
Dated 5/6/2014		
Dated OIOIZO14	·	
Ee D		
Signature of a me	nber or authorized represen	tative of a member
ELIEZER PINSON		
	ped or printed name of sign	ee

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE, FLORING