

L14 0000 69858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

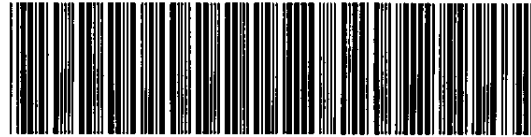
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SOUTHPOINT LOAN SERVICING LLC**

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

Name of Person

at (**305**) **343-8630**

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

SOUTHPOIN LOAN SERVICING LLC

The Articles of Organization for this Limited Liability Company were filed on 04/30/2014 and assigned Florida document number L14000069858.

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MORDECHAI FEINSTEIN	PO BOX 820	<input checked="" type="checkbox"/> Add
		HALLANDALE, FL 33008	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SEALING UNIT
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/6/2014



Signature of a member or authorized representative of a member

ELIEZER PINSON

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA