## L17000124924

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## **COVER LETTER**

TO: Registration Se Division of Cor			
6401 Mort	gage Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and feets) are sub ondence concerning this matter		
	Jerry B Mann		
		Name of Person	
	6401 Mortgage Group, LL	C.	
		Firm/Company	
	2121 NW 139th St., # 1		
		Address	
	Opa-Locka, FL 33054		
	jmann(a)danron.com	City/State and Zip Code	
	,	to be used for future annual report notifie	ation)
For further information c	concerning this matter, please c	all:	
Jerry B Mann		305 687 6080 at ()	<b>1</b> 1 1
Name (	of Person	Area Code Daytime	Telephone Number 20
Enclosed is a check for t			3
Ø \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6401 Mortgage Group, LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) forida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number 1.17000124924	ity Company were filed on <u>06/07/2017</u>	and assigned
This amendment is submitted to amend the followin	iā:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI C" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable	;	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	<u> </u>	
maning magess milit begress, write par	····	
B. If amending the registered agent and/or registered agent and/or the new registered office		the name of the new
Name of New Registered Agent:		2 7
New Registered Office Address:	Enter Florida street address	
_	, Florida	Zap 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. Thereby 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>Address</u> Type of Action <u>Title</u> Name 3200 Burgundy Dr. N. P.B.Gardens, FL 33410 Dan Handler MGR \_≣ Add \_□ Remove \_\_ 🗆 Change ☐ Remove \_\_\_\_ Change □ Add \_□ Change 3 = = Change [7]

\_\_\_\_ Change

3200 Burgundy Drive, No	orth, Palm Beach Gardens, Florida 3.	3410
·	<del></del>	
		: = = 3
ive date, if other than t	the date of filing:	(optional) (e of filing or more than 90 days after filing.) Pursuant to
ective date is listed, the date . If the date inserted in this	must be specific and cannot be prior to dat s block does not meet the applicable:	te of filing or more than 90 days after filing.) Pursuant <b>to</b> statutory filing requirements, this date will-not be
	e Department of State's records.	
		effective time, at 12:01 a.m. on the ea
90th day after the r	record is filed.	
June 16.	2017	• •
J		
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Typed or printed name of signee

Filing Fee: \$25.00