LZO 000091652

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
<i>(, ,</i> , , , , , , , , , , , , , , , , ,	(3.000)	
(Cit	ty/State/Zip/Phone #)	1
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Dc	cument Number)	
(50	ounion Humbery	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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04/02/21--01024--011 **55.00

5/22/212

April 1, 2021

Michael Colonna North Fork Mortgage Brokers LLC 146 Victorian Lane Jupiter, FL 33458

Please find attached the completed Articles of Amendment. It is critically important that the following change be done in this way- after the name North Fork Mortgage Brokers, there must be a space, then L and a space, L and a space then the C. Please do not use any commas or periods. This will mirror exactly the name as it is shown on the IRS's EIN letter.

I'm trying to register this company with the Nationwide Mortgage Licensing System and the State of Florida and the IRS documents must match exactly.

Please call me at 973-650-2797 if you have any questions. Thank you.

Sincerely,

Michael Colonna

COVER LETTER

North Fork N SUBJECT:	Mortgage Brokers L.L.C		
SUBJECT:	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub		
	uono on	vo no romoving.	
	Michael Colonna		
		Name of Person	
	North Fork Mortgage Brok	ters	
		Firm/Company	
	146 Victorian Lane		
		Address	
	Jupiter, FL 33458-3700		
		City/State and Zip Code	
	northforkmb@gmail.com	to be used for future annual report notifi	cetton)
For further information co	ncerning this matter, please co	•	Carony
	meering this matter, please en		
Michael Colonna		973 650-2797 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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	<u>.</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Fork Mortgage Brokers LLC		
(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L. Florida document number 1.20000091652	Liability Company were filed on 3/27/2020	and assigned
his amendment is submitted to amend the foll	owing:	
a. If amending name, enter the new name o	of the limited liability company here:	
North Fork Mortgage Brokers L.L.C		
he new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE <u>A POST OFFICE</u>	BOX)	
		· ;
3. If amending the registered agent and/or (registered office address on our records, enter the n	ame of the new regis
gent and/or the new registered office addre		and or the new regu
Name of New Pagistered Agent		:
Name of New Registered Agent:		-
New Registered Office Address:		<u></u>
	Enter Florida street address	T.
	, Florida	
	City	Zin 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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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ument's effecti	ve date on the Departm	ent of State's reco	ords.			
cord specifies a s filed.	delayed effective date.	but not an effecti	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after the
ed <u>//- /</u>	- 104	,	·			
M	- LOH Jichal V (alonna				
-{	Signation CHAGL T.	ure of a member or	authorized represer	itative of a member		