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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp					
oun rea	3011	ATE MORTGAGE GROUP, I	LLC			
SUBJEC	.T:	Name of Limit	ed Liability Company			
The encl	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please re	eturn all correspon	ndence concerning this matter t	o the following:			
		MOISES COHEN				
			Name of Person			
		EMPIRE STATE MORTG	AGE GROUP, LLC			
			Firm/Company	· · · · · · ·		
		P.O. BOX 624		ress Ind Zip Code Tuture annual report notification) Table 2 Daytime Telephone Number Diving Fee & S60.00 Filing Fee, Certificate of Status & Cert		
			Address			
		GIBSONTON, FLORIDA 33534				
			City/State and Zip Code			
		empirestatemortgage@yaho		fication)		
T	har information a	oncerning this matter, please or		incation,		
		Oncerning this matter, prease of				
MOISE	S COHEN		at ()	T.lL Nk		
	Name o	f Person	Area Code Daytin	ie Telephone Number		
Enclose	ed is a check for t	he following amount:				
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
	Mailing Addre			ection		
Registration Section Division of Corporations		Division of Corporations				
	P.O. Box 632		The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Forida document number L21000196100	y Company were filed on <u>04/27/2021</u>	and assigned
his amendment is submitted to amend the following	¢	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registor agent and/or the new registered office address her		he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	E. E. H.	
	Enter Florida street address , Flo	rida
-	City	Zip Code
	. .	- 3 6

New Registered Agent's Signature, if changing Registered Agent:

EMPIRE STATE MORTGAGE GROUP, LLC.

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
AMBR	MOISES COHEN	7606 DRAGON FLY LOOP	= Add
-		GIBSONTON, FLORIDA 33534	□ Remove
			□Change
			□ Add
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			Chause.

Effective date, if other than the date of filing: 10/01/2021 (optional) (fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0267 Note: If the date inserted in this block does not enant the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Signature of a member or authorized representative of a member MOISES COHEN		
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