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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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[Signature]



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22 SEP - 1 PM 2:02

U.S. DEPT. OF JUSTICE
DIVISION OF CORPORATIONS

KEREN CARMEL
3744-E SW Quail Meadow Trail, Palm City, FL 34990
Tel: (772) 485-4116
kcarmel14@gmail.com

August 29, 2022

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Please see attached forms required for the name change of my company from Carmel Mortgage Lending, LLC to Carmel Capital Group, LLC. My daytime phone number is (772) 485-4116 and my return address is 3744-E SW Quail Meadow Trail, Palm City, FL 34990.

Enclosed also please find a check for the filing fee of \$25.00. If you should have any questions, please contact me.

Sincerely,



Keren Carmel

Mortgage Loan Officer

NMLS #108590

22 SEP -1 PM 2:02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARMEL MORTGAGE LENDING, 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:

KEREN CARMEL
Name of Person

CARMEL MORTGAGE LENDING, LLC
Firm/Company

3744 SW QUAIL MEADOW TRAIL, UNIT E
Address

PALM CITY, FL 34990
City/State and Zip Code

kcarmel14@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEREN CARMEL at (772) 485-4116
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARMEL MORTGAGE LENDING, 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 were filed on JULY 28, 2022 and assigned Florida document number L22000333081

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CARMEL CAPITAL GROUP, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

22 SEP - 1 PM 2:02
MISSION RECORDATION

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
City Zip 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 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

22 SEP - 11 PM 8:02
DIVISION OF CONSUMER PROTECTION
STATE OF CONNECTICUT

22 SEP - 1 PM 2:02

22 SEP -1 PM 2:02

STUDY OF THE

(If an 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 605.0207 (3)(b)

If 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 record is filed.

Dated

August 29, 2022

Karen Arnold
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KEREN CARMEL

Typed or printed name of signee

Filing Fee: \$25.00