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## **COVER LETTER**

	Registration So Division of Cor					
eun iear		MoneyTree Lending Group LLC				
SUBJEC'	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing			
		ondence concerning this matter	_			
		Hector M Reyes				
		<del></del>	Name of Person			
		MoneyTree Lending Grou	p LLC			
			Firm/Company			
		276 Volterra Way				
		<del></del> -	Address			
		Lake Mary FL 32746				
			City/State and Zip Code			
		hector@moneytreefl.com				
For furthe	r information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report	notification)		
Hector M			407 6009084	<b>,</b>		
		f Person	at () Area Code Da	ytime Telephone Number		
Enclosed:	is a check for th	he following amount:				
□ \$25.0	0 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 Addres		Street Addres	<u>s:</u> Soction		
	Registration S Division of C		Registration Division of	Section Corporations		
	P.O. Box 632			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MoneyTree Lending Group LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited i	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
MoneyLand Lending Group LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "L	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	276 Volterra Way	
Principal office address MUST BE A STREET ADDRESS)	Lake Mary Fl 32746	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> . If amending the registered agent and/or registered office agent and/or the new registered office address here:	Same as above  address on our records, ent	A TOUR AND THE SECOND
Name of New Registered Agent:	<u>-</u> .	
New Registered Office Address:	Enter Florida street ada	hress
		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 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
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
		<del></del>	
			□Remove
			□ Channa

amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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te:	see date, if other than the date of filing:  (optional)  ctive 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
cord s file	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 ed.
ed _	March 6 2024
	Signature of a hember or authorized representative of a member
	Hector M Reyes Typed or printed name of signce

Filing Fee: \$25.00