403000028574

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

_{r.} MBA of America One, 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:

Name of Person

Firm/Company

4800 North Federal Hwy, Suite 200E

Address

Boca Raton, FL 33431

City/State and Zip Code

Only State and Elip Coa.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronit Dery

{#/}561\392-4800

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBA of America One, LLC		
(Name of the Limited (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Li. Florida document number L03000028574	ability Company were filed on 8/04/200	and assigned
This amendment is submitted to amend the follo	owing:	? pps-
A. If amending name, enter the new name of	the limited liability company here:	2 212 DE
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the	@ F
Enter new principal offices address, if applica	able:	7. 3 (1)
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or the new registered of		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida street address
		. Florida
	City	, Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager . MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Financial Lending, LLC	4800 North Federal Hwy, Suite 2008	Add
		Boca Raton, FL 33431	Remove
MGRM	Real Estate Holding Company, LLC	4800 North Federal Hwy, Sutie 2001	E ✓ Add
		Boca Raton, FL 33431	Remove
		To the state of th	DEC 28
		T G	Add
			Remove
			Add
			Remove
			-
			_
			Remove
			-
			Add
			Remove

an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.
	0
_	Docember 27, aud.
	Signature of a member or authorized representative of a member
	Abida Ighni
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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