L0500002715/

(Re	equestor's Name)	_
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ri	siness Entity Nan	ne)
(20	iomoso Emily Man	nc)
(Da	anna a ENL mata A	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Real Busines	ss Loans, LLC.		
		imited Liability Company)	
The enclosed Articles of Ar	nendment and fee(s) are su	bmitted for filing.	
Please return all correspond	ence concerning this matte	r to the following:	
Gio	vanni Fleury, Sr.		
	(Name of Person)	
Real Bus	iness Loans, LLC.		TAL TAL
	((Firm/Company)	WAY -2 PM 12: 23 CRETARY OF STATE CAHASSEE FLORIO
4100 SW 194	Terr.		三二
		(Address).	FLO FI
Miram	ar, FL 33029		23 RIDA RIDA
	(City	/State and Zip Code)	
For further information con	cerning this matter, please	call:	-
Giovanni Fleury		at (954) 441-790	7
(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the fol	owing amount:		
Ø \$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)
	ADDRESS:	MAILING ADDRI Registration Section	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name) (A Florida Limited Liability Company)

Real Business Loans, LLC.

FIRST:	The Articles of Organization were filed on 3/18/2005 and assigned document number 105000027151		ų	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted liability company:	by the	limited	
I, Giovanni Fleury,	Sr., have appointed myself manager member of Real Business Loans, LLC.			
		SECRETARY OF STATE TALLAHASSEE FLORIDA	05 HAY -2 PH 12: 23	ユニロコ
Dated April	29		<u>.</u> .	
	Signature of a member of authorized representative of a member		. ·	
	Giovanni Fleury, Sr.			
	Typed or printed name of signee			

Filing Fee: \$25.00