405000084384

(Requestor's Name)
(Address)
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City Courts (7) - (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
105-84384
(Document Number)
Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:
1/17 amend
'

Office Use Only



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01/18/06--01021--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Archway lenging 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:
GNISIQUE AVAICE (Name of Person)
Archway Lending LLC (Firm/Company)
400 NW 22 Cave (Address)
MIAMI FI 33125 (City/State and Zip Code)
(Only, Daniel and Emp Octo)
For further information concerning this matter, please call:
6hlslaine alvarez at 305 919-2110 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$560.00 Filing Fee, Certificate of Status & 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

Archway Leng

	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 825 2005 and assigned document number <u>L05000 84384</u>	
SECOND:	This amendment is submitted to amend the following:	
	I would like to remove Moises	
	Alonso, he will no honger be a	
	mal or member of this company.	
	also I would like to amonge the	
	Principal address and mailing address	. 22
	New address is, 400 NW 22 ave	_
	MIGMI FL 33125-Aprincipal addre	ZZ)
	MAILING address is 1401 SW 15 St. MIC	im (
	FL 33145.	
	Thank you.	, ,
Dated	1110, 2006	•
		a de la companya de l
	Column E	1 2
	Signature of member or authorized representative of a member	[™] *nJ
	Typed or printed name of signee	

Filing Fee: \$25.00