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SECRETARY OF STATE DIVISION OF CORPORATION

T. HÄMPTÖN

OCT - 5 2010

**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations		-	
SUBJECT:	Lloyds Ass	set Lending, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
ŧ	J. B. Grossman			
•		Name of Person		
GrossmanGreenberg				
÷	150 North University Drive, Suite 200			
		Address		
•	Pla	ntation, Florida 33324		
	City/State and Zip Code			
	JBG@GrossmanGreenberg.com  E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please c	all:		
	B. Grossman	<u> </u>	52-1118	
Name	of Person	Area Code & Daytime T	elephone 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)	
	LING ADDRESS: tration Section	STREET/COURIEI Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

L	loyds Asset Lending, LLC				
( <u>Name of the Limite</u> )	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on		11/28/2007	and assigned		
Florida document numberL0700011	8669				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name (	of the limited liability company her	<u>re</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the ab	breviation	
Enter new principal offices address, if appli	cable:			S IAE S	
(Principal office address MUST BE A STREE			0 0	SC;	
			- -	RECORD RANGE	
Enter new mailing address, if applicable:			P		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	AAA		
				<u> </u>	
B. If amending the registered agent and	/or registered office address on	our roopyds onton th	ho nama of	the nov	
registered agent and/or the new registered of		our records, enter ti	ie name or	the new	
Name of New Registered Agent:	GrossmanGreenberg				
New Registered Office Address:	150 North University Drive, Suite 200				
	En	nter Florida street addr	ess		
	Plantation	, Florida	33324		
	City		Zip Code		
New Desistered Asset's Signature if shanging	Desistanted Assets				

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 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 Type of Action Title **Address** Name | ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 27 2010 Signature of a member authorized representative of a member James R. Burbage Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00