Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000070574 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARC L. SHAPIRO, P.A.

Account Number : I20080000007

: (239)649-8050

Fax Number

: (239)649-8054

AMND/RESTATE/CORRECT OR M/MG RESIGN

CAPITAL LENDING ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

MAR 2 0 2008

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL LENDING ENTERPR	RISES, LLC		
(Name of the Limited Liab (A Flor	Hity Company as it now appears on da Limited Liability Company)	our records.)	e ∑s
	• • • •		SIS SIS
The Articles of Organization for this Limited Liabili	ty Company were filed on Februa	ry 15, 2008 and	aggred m
Florida document number L08000016892			5 FR 2
This amendment is submitted to amend the following	E :		
,			99. (A.)
A TRansport of the service of the	limited liability company bear		= 15
A. If amending name, enter the new name of the	minted national company nere:		E
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or	the abbreviation
B. If amending the registered agent and/or re- registered agent and/or the new registered office:		records, <u>enter the nen</u>	e of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter I	Florida street address)	
		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	r and complete performance of m d agent as provided for in Chapto tered office address, I hereby con	ry duties, and I am fami er 608, F.S. Or, if this a	llar with and locument is
	(If Changing Registered Agent, §	ignature of New Registered	Agonti

H 080000 7057 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Sharon J. Mulyaney	2504 Cape Coral Parkway Cape Coral, Fl. 33914	Add Remove
MGRM_	James D. Mulvaney	2504 Cape Coral Parkway Cape Coral, FL 33914 MGRM	Add Remove
MGRM	Mulvaney Revocable Living Trust Agreement	2504 Cape Coral Parkway Cape Coral, Fl. 33914	Add Remove
			Add Remove
	·		Add Remove
			Add
D. If amendir	ng any other information, enter change	s(s) here: (Attach additional sheets, if necessary.)	_
Dated March	19	- S. Shapen	-
-	Marc	or authorized representative of a member L. Shaniyo or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00