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T. HAMPTON
JUN 1:0 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Process My Loan Now LLC Name of Limited Liability Company
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:
Tomes P. Mackin
Process My Loan New LLC Firm/Company
11850 Oc. MLK Jr. 54. N Address
St. Petersburg, FL 33716
St. Peters burg, FL 337/6 City/State and Zip Code Timmy Mackin Ol Gmail o Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Machin at (617) 92). 5263 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 & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAIN INC. ADDRESS.

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

Process My La	n Naw	LLC		
(Name of the Limited Liability		pears on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number 208000291-6	ompany were filed on	3/20/08	SECRETARY OF COR	
This amendment is submitted to amend the following:			OF STATE REPORATION	
A. If amending name, enter the new name of the limit			F 38	
Nationwide PPC M The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Co	mpany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	4 119	350 Dr. ML	KJC. St. N	
(Principal office address MUST BE A STREET ADDRI	essi Apt 14	3307	227//	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	St. Veters Bost		K Jr. St. N 337/6 + Suite 70 02/09	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		on our records, enter t	he name of the new	
Name of New Registered Agent: Not	amenling	registeres	1 Agent	
New Registered Office Address:		Enter Florida street addi	ress	
	City	, Florida	Zip Code	
New Pogistered Agent's Signature if shoreing Dogistered	Aganti			

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> <u>Address</u> **Type of Action** .□ Add Remove Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00