LO\$000031328

| (Re | questor's Name) | | | |
|---|------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: . | | | | |
| | | | | |
| | | , | | |
| | | | | |

Office Use Only



200123210872

04/14/08--01026--008 **55.00

2008 APR 14 PH 12: 41
SECRETARY OF STATE

T. CLINE

APR 1 5 008

EXAMINER

COVER LETTER

| | gistration Section ision of Corporations | |
|--------------------|---|---|
| SUBJECT: | Buena Vista Lending Group, LLC. | |
| Se Bu Le I. | (Name of Limited Liability Company) | |
| The enclosed | d Articles of Amendment and fee(s) are submitted for filing. | • |
| Please return | all correspondence concerning this matter to the following: | |
| | Claribel Sardina | |
| | (Name of Person) | |
| | Buena Vista Lending Group, LLC. | |
| | (Firm/Company) | |
| | 2537 Forest Hill Blvd. | |
| | (Address) | SEC SEC |
| | West Palm Beach, FL 33406 | APP 号 |
| | (City/State and Zip Code) | PR 14 PHI ETARY OF SHASSEE. F |
| For further i | nformation concerning this matter, please call: | 2008 APR 14 PH 12: 4 SECRETARY OF STATE TALLAHASSEE. FLORIU |
| | Claribel Sardina at (561) 641-4663 (Name of Person) (Area Code & Daytime Telephone Number | |
| | (Name of Person) (Area Code & Daytime Telephone Number | er) |
| Enclosed is | a check for the following amount: | |
| \$25.00 F | Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified | te of Status & |

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

| Buena Vista | Lending Group, LLC. | | | |
|--|--|---|-------------------------------------|-------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appe orida Limited Liability Company | ars on our records.) | | |
| The Articles of Organization for this Limited Liabil | lity Company were filed on | March 27, 200 | 8 and assig | ned |
| Florida document number <u>L08000031328</u> | | | | |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | e limited liability company h | ere: | | |
| The new name must be distinguishable and end with th "L.L.C." | e words "Limited Liability Com | pany," the designation | "LLC" or the abb | previation |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | our records, enter | the name of | the new |
| | | | B . 2 | |
| Name of New Registered Agent: | | | 2009 A SECR | ····· |
| New Registered Office Address: | | | APR I | - |
| | (| Enter Florida street o | udatess) | |
| _ | (City) | , Florida _ | REZip Code) | - |
| New Registered Agent's Signature, if changing Regi | stered Agent: | | • | |
| I hereby accept the appointment as registered ag the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha | er and complete performanc red agent as provided for in (istered office address, I here | re of my duties, and Chapter 608, F.S. O | I am familiar w r, if this docum | ith and ent is |
| | (If Changing Registered A | Agent. Signature of New | Registered Agent | 1 |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---|---|
| MGRM | Hector R. Sardina | 2537 Forest Hill Blvd. West Palm Beach, FL 33406 | ✓ Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | ge(s) here: (Attach additional sheets, if necessar | 2000 Remove |
| D. If amend | ling any other information, enter chan | ge(s) here: (Attach additional sheets, if necessar | PR IL PHI2: LI SECRETARY OF STATE ALLAHASSEE. FEORIOA |
| | | | |
| Dated | April 10 2008 | er or authorized representative of a member | |
| | , Clai | ribel Sardina d or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00