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T. CLINE

MAR 23 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

- M				
SUBJECT:	EYESORE N	MANAGEMENT, LLC		
30D0EC1		ited Liability Company		
The enclosed Articl	les of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	rrespondence concerning this matte	r to the following:	,	
	,	/ERONICA VAZQUEZ		
	<u>C</u>			
		Firm/Company		
	1450 M	ADRUGA AVENUE, STE	302	
	····			
CORAL GABLES, FL 33146 City/State and Zip Code			2010 HAR 22 SECRETAR'S TALLAHASS	
	tification)			
	E-mail address: (azquezlaw@gmail.com (to be used for future annual report no		
For further informa	tion concerning this matter, please	call:	tification)	
	7,		JATE S	
VE	RONICA VAZQUEZ	at (<u>305</u>)	407-1661	
N	ame of Person	Area Code & Dayt	ime Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	ee \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclos	Certificate of Status &	
		(additional copy is enclos	(additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations			RIER ADDRESS:	
		Registration Sec Division of Corp		
P.O. Box 6327		Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYESORE MANAGEMENT, LLC

(<u>Name of the Limited Lia</u> (A Flo	ability Compar orida Limited L	iy as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Liabi Florida document number		were filed onAUG	UST 29, 2008	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liabi	lity company here:		
LENDI	ERS LIEN S	SEARCH, LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limit	ed Liability Company,"	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicabl	e:	1450 MADRUGA	AVENUE 式	2010
(Principal office address MUST BE A STREET ADDR		SUITE 302		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u>X)</u>	CORAL GABLES	SSEE, FLOR	HAR 22 AM IO 52
B. If amending the registered agent and/or registered agent and/or the new registered office	•		ecords, <u>enter th</u>	ne name of the new
Name of New Registered Agent:				
New Registered Office Address: 1	450 MADR	UGA AVENUE, SU		
		Enter F	lorida street addr	ess
_	COR	AL GABLES	, Florida	
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 **Title Type of Action** <u>Name</u> <u>Address</u> ☐ Add Remove Add Remove ☐ Add □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3/15

Typed or printed name of signee

adure of a member or authorized/representative of a member

Page 2 of 2

Filing Fee: \$25.00