

L08000083020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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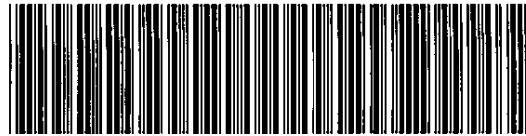
(Business Entity Name)

(Document Number)

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10 AUG 20 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. AUG 23 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LENDERS LIEN SEARCH, LLC
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:

VERONICA VAZQUEZ

Name of Person

Firm/Company

1450 MADRUGA AVENUE, SUITE 302

Address

CORAL GABLES, FL 33146

City/State and Zip Code

VAZQUEZ416@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERONICA VAZQUEZ

Name of Person

at (305)

407-1661

Area Code & Daytime Telephone 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)

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**

LENDERS LIEN SEARCH, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

10 AUG 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 1, 2008 and assigned Florida document number L08000083020.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VM EXPOSURE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DANIEL VAZQUEZ

New Registered Office Address:

1450 MADRUGA AVENUE, SUITE 302

Enter Florida street address

CORAL GABELS

City

Florida

33146

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.

Daniel Vazquez
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

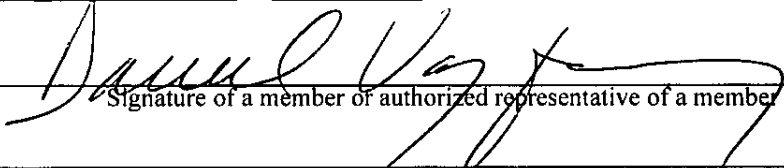
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VERONICA VAZQUEZ	1450 MADRUGA AVENUE SUITE 302 CORAL GABLES, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANIEL VAZQUEZ	1450 MADRUGA AVENUE SUITE 302 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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10 AUG 20 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated AUGUST 18, 2010


Signature of a member or authorized representative of a member
Typed or printed name of signee