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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Americ	an Loan Rescue, LL			
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Martin Pinilla II			
		(Name of Person)	·	
	American Loan Rescue	LLC		
		(Firm/Company)	<del>- i i i i i i i i i i i i i i i i i i i</del>	
	2600 SW 8th Street		AND THE CONTRACT OF THE CONTRA	
		(Address)		
•	Miami, FL 33135		201 TAS	
		(City/State and Zip Code)	LL'A	17
For further information	concerning this matter, please of	call:	2008 DEC -1 SECRETARY TALLAHASSE	THE STATE OF THE S
Martin Pinilla II		at ( 305 ) 7938696	elephone Number) 07 77 77 78 78 78 78 78 78 78 78 78 78 78	C
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for t	the following amount:		<b>*</b>	
☑ \$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

Tallahassee, FL 32314

P.O. Box 6327

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

American Loan Rescue LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/11/2008	and assigned
Florida document number <u>I 08000105099</u> .		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation	1 "LLC" or the abbreviation
L.L.C."		
Enter new principal offices address, if applicable:	2600 SW 8th Street	TASE COM
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33135	
		SP 1
Enter new mailing address, if applicable:	2600 S.W. 8Th STREE	
Mailing address MAY BE A POST OFFICE BOX)	MIAMI , FL 33135	TATE OR DA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(D	
	(Enter Florida street	aaaress)
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>		<u>Address</u>	Type of Actio
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Filing Fee: \$25.00