L09000071537

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		
A. LUNT AUG - 3 2009			
	AUG - 3 200	09	
EXAMINER			



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FILED
2009 JUL 31 PH 2: 20
SECRETARY OF STATE
ALLAHASSEF FINATE

COVER LETTER

TO: Registration S Division of Co		A	
SUBJECT:	Edding Mine of Limit	ted Liability Company	<u>8</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Marian Lending 6708 Bi Tacksoni	Bryant Name of Person) Minds Firm/Company Hon Free C Address Ville FL 3	MUTO PRESERVE FLORIDE JULIO P
	Lendingm E-mail address:	City/State and Zip Code AS O AH NP T to be used for funding annual report notifical	
For further information	concerning this matter, please of	eall:	
Marian E	Dryan T of Person	at <u>904</u> , <u>3163</u> -3 Area Code & Daytime T Cel 404-583-51	
Enclosed is a check for t	the following amount:		,
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Meney order attached #

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

Lending Min	ds Solutions Company as it now appears on the	our records.)
(A Florida Lin	nited Liability Company)	, <u>, , , , , , , , , , , , , , , , , , </u>
The Articles of Organization for this Limited Liability Cor	mpany were filed on 7-2	and assigned
Florida document number <u>L090007/53</u>	2.7	
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		200 SE TAL
(Principal office address MUST BE A STREET ADDRE	<u></u>	AR J
	·	TARY 3
Enter new mailing address, if applicable:		± 1 3
(Mailing address MAY BE A POST OFFICE BOX)		ORA N.
	····	0 _A
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		ecords, enter the name of the new
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
	. Cit.	, 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 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 Address **Type of Action Title** Name Richard B Jones Je Marian Bryant ☐ Add Remove Add Remove ☐ Add Remove Remove Regiove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sole Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00