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EXAMINER

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COVER LETTER

Division of Co				
SUBJECT:	Franklir	n Lending LLC		
		ted Liability Company		
	ondence concerning this matter			
		Darin Karp		
		Name of Person		
		Franklin Lending		- 21
		Firm/Company		SEC.
	2500	Weston Road Suite 220		HAR -9 RETARY
		Address		ARY SSE
		Weston,FL 33331		2010 MAR -9 PM 2: 08 SECRETARY OF STATE TALLAHASSEE, FLORID
		City/State and Zip Code		2: 0
	dka E-mail address: (rp@staystressfree.com to be used for future annual report notifica	ntion)	> 6
For further information	concerning this matter, please of	eall:		
	Darin Karp	at \	36-1050	
Name	of Person	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)	Certified (e of Status &
	LING ADDRESS: stration Section	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franklii	n Lending LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appea nited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Cor	npany were filed on	02/04/2010	and assign	ned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limite	d liability company bo	ra*		
•	ending Group LLC	<u>.c.</u>		
The new name must be distinguishable and end with the words "L.L.C."		any," the designation "I	ALL ALL	previation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		ASS S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Y OF STATE FLORIDA	B
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		our records, enter	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Er	nter Florida street add	Iress	
		, 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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add
			Add Remove FE S
			Add Remove
	<u> </u>		Add Reserve
			Add
D. If amen	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	Remove
		· · · · · · · · · · · · · · · · · · ·	
			
_	•		_
Dated	Monay Ka	······································	
	Signature of a memi Moneve Kanf Tyn	ber or authorized representative of a member	

Page 2 of 2

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