U10000021944

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2010 APR 23 M D 16
SECRETARY OF STATE
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T. CLINE
APR 2 6 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2010

MARIA-ISABEL CAMPOS-GORDON 907 N. WILSON AVE. SUITE 268 BARTOW, FL 33830

SUBJECT: GLOBAL COMMERCIAL LENDING GROUP, LLC

Ref. Number: L10000021964

We have received your document for GLOBAL COMMERCIAL LENDING GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000081906.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 810A00008380

COVER LETTER

TO:	G: Registration Section Division of Corporations						
SUBJE	CT: G	LOBAL COMMERC	CIAL LENDING GROUP, LLC				
		Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please r	eturn all correspo	ondence concerning this matte	r to the following:				
		MARIA-	ISABEL CAMPOS-GORDON				
			Name of Person				
Firm/Company			Firm/Company	<u> </u>			
		—					
			Address	2010 APR 23 SECRETARY TALLAHASS			
		ARE ARE					
		TARY O					
		E-mail address:	mpos12x2@gmail.com (to be used for future annual report notification)	יי ווין			
For furt	her information c	oncerning this matter, please	call:	OF STATE			
		pel Campos-Gordon f Person	at (863) 401-5760 Area Code & Daytime Telephone Nu	ımber			
Enclose	d is a check for th	ne following amount:					
\$25.	00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & tified Copy litional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		ration Section on of Corporations	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building	5S:			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

DISION OF CORPORATIONS

April 20, 2010

Dear Tammi,

Thank you for answering my call. As you requested I am sending the Amendment again for the other changes.

I appreciate your help in this matter,

2010 APR 23 AM DO 16 SECRETARY OF STATE TALL AHASSEE, FLORIDA

Maria-Isabel Campos-Gordon

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL COMMERCIAL LENDING GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company	were filed on FEBRUARY	25, 2010 and assigned
Florida document number L10000021964	······································		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the l	limited liabi	lity company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limit	ed Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		2010 API
Enter new mailing address, if applicable:		907 N. WILSON AVE.	TARY OF F
(Mailing address MAY BE A POST OFFICE BOX)	<u>}</u>	SUITE 268	-0 25
		BARTOW, FL 33830	<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	ddress here		enter the name of the new
New Registered Office Address.		Enter Florida st	reet address
		, Flo	rida
	·	City	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	r and complet d agent as p tered office ge	lete performance of my duties provided for in Chapter 608, I	, and I am familiar with and F.S. Or, if this document is at the limited liability

Page 1 of 2

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> Address **Type of Action** <u>Name</u> MGR MARIA ISABEL CAMPOS 415-B EAST MAIN STREET ☐ Add √ Remove BARTOW, FL 33830 MGR MARIA-ISABEL CAMPOS 907 N. WILSON AVE. SUITE 268 Remove BARTOW, FL 33830 ☐ Add Remove ਕੇਵੇਂ] Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 2 2010 Dated Signature of a member of authorized representative of a member MARIA-ISABEL CAMPOS-GORDON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00