L10000023962

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EXAMINER



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B. KOHR

EXAMINER

SECRETARY OF STATE OF STATE OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 **FILING COVER SHEET** ACCT. #FCA-14 **CONTACT: RICKY SOTO** DATE: 08/20/2010 **REF. #:** 002093.130737 CORP. NAME: CHANNEL LENDING SERVICES LLC changing its' name to AUGUMAR, LLC () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 536245 FOR \$ 55.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

PLEASE RETURN:

(XX) CERTIFIED COPY

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Channel Lending	Services, LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	Services, LLC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L10000023962</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
AGUMAR, LLC	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	201 Alhambra Circle
(Principal office address MUST BE A STREET ADDRESS)	Suite 700
	Coral Gables, FL 33134
Enter new mailing address, if applicable:	201 Alhambra Circle
(Mailing address MAY BE A POST OFFICE BOX)	Suite 700
	Coral Gables, FL 33134
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on our records, enter the name of the new:
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title Type of Action Name . <u>Address</u> Mgr. Augusto Menendez 201 Alhambra Circle Add Remove Suite 700 Coral Gables, FL 33134 Mgr. Marilu Pacheco 201 Alhambra Circle Add Remove Suite 700 Coral Gables, FL 33134 Add Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Robert Schatzman, Authorized Representative of Member Typed or printed name of signee

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Filing Fee: \$25.00