LIODODO	68595
(Address)	100317841671
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED 18 SEP -4 PM 12: 52 MILLINGET FLOOR
Office Use Only	

COVER LETTER

TO: Registration Section Division of Corporations

First Union Lending LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Dennis Accordo at (407) 601. 9731 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) \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF <u>Fish Union Lending LLC</u> (Name of the Limited Liability Company and now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{6/28/200}{1000068595}$ and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SEP
(Principal office address MUST BE A STREET ADDRESS)	
	12: 1
Enter new mailing address, if applicable:	52
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Chad Youn	gblut
New Registered Office Address:	4900 Millenia	Blud Suite F
	Enter Florid	a street address
	Orlando	Florida 32839
	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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

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AMBR = Authorized Member

Title	Name	Address	Type of Action
AUBR	Timur Shamsuldinov	4900 Millinia Blud Suite	É_□ Add
		Orlando FL 32839	Remove
			Change
<u>LIGR</u>	Chad Younsblut	4900 Millinia Blud	X Add
		Suile Fr Orlando FL	C Remove
		32839	Change
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			_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Assoch a give

Dated 8/29/18 2018
Da
Signature of a member or authorized representative of a member
Dennis Accoro
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00