

L10000082129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

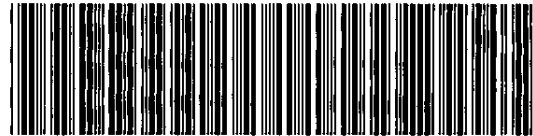
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700185336647

10/04/10--01036--025 **25.00

FILED
10 OCT -4 PM 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 5 2010
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LDS Servicing, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Alexander D. Nathan
Name of Person

LDS Servicing, LLC
Firm/Company

8440 North Tamiami Trail
Address

Sarasota, FL 34243
City/State and Zip Code

adlai1982@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
10 OCT -4 PM 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alexander D. Nathan at (941) 565-4998
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) ☐ \$60.00 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

LDS Servicing, LLC

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert G. Williams	PO BOX 50849 Sarasota, FL 34232	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please amend Article III: The purpose of which this Limited Liability Company is organized is: to approve consumers wishing to engage our services concerning referral, negotiation and delegation of personal financial affairs and activities and, to review consumers' accounts to determine if they're qualified to be extended the arm of credit in order to initiate such business transactions.

Dated October 1st, 2010

Signature of a member or authorized representative of a member

Alexander D. Nathan
Typed or printed name of signee

FILED
10 OCT -4 PM 27
CLERK OF STATE
TALLAHASSEE, FLORIDA