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D. BRUCE

OCT 5 2010

EXAMINER

COVER LETTER

40:	Registration S Division of Co			
SURII	ECT:	LDS S	ervicing, LLC	
30001	<u> </u>		ited Liability Company	_
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence 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) 1
			City/State and Zip Code	AHA AHA
		E-mail address: (dlai1982@gmail.com to be used for future annual report notification)	TO OCT -4 PM SECRETARY OF CLLAHASSEE, F
For fu	rther information	concerning this matter, please	call:	TARY OF SI
	Alexa	ander D. Nathan	at (941) 565-4998	ATE RED
	Name	of Person	Area Code & Daytime Telephone N	umber
Enclos	sed is a check for	the following amount:		
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDS S	ervicing, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appeanited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	08/05/2010	and assigned	
Florida document numberL10000082129				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	d liability company he	re:		
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		,		
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>			
Cutou nove modifies address (Convillable)			ARY -4	
Enter new mailing address, if applicable:			THE Property	
Mailing address MAY BE A POST OFFICE BOX)			OF STATE	
			- 27 - 27	
B. If amending the registered agent and/or register	ed office address on	our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered office addres	s here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Code	
Inn Designation Assembly Clausers and Control of the Control of th				

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 = Manager

MGRM = Managing Member **Type of Action** Address <u>Title</u> Name MGRM Robert G. Williams PO BOX 50849 ✓ Add Remove Sarasota, FL 34232 □ Add ☐ Remove ☐ Add □ Remove Add Remove ∏Add Remove ∏Add 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 Companyis 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. October 1st 2010 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00