E10000102067

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EXAMINER



000199800930

04/01/11--01024--014 **25.00

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	First United N	lational Lending, LLC			
	······································	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
		Linda E Barratt			
		Name of Person			
	1s	st United Funding, LLC			
		Firm/Company			
	12	323 SW 55th St #1002			
Address					
	Co	oper City Florida 33330			
	City/State and Zip Code				
	dch	nambless@uhmcfl.com			
	E-mail address: (to be used for future annual report no	otification)		
For further information	n concerning this matter, please of	call:			
L	inda E Barratt	at (_954_)	237-0125		
Nam	e of Person	Area Code & Dayt	ime Telephone Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First United National Lending, 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 Company were filed on and assigned Florida document number L10000102067
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
1st United Funding, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida City
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 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

<u>Γitle</u>	Name	Address	Type of Action
			Add Remove
). If amend	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	_
			
_			-
Dated	N/D	2011 2011 2011 2011 2011 2011 2011	
		ber or authorized representative of a member Linda E Barratt ped or printed name of signee	

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Filing Fee: \$25.00