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EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO:

	egistration Sivision of Co				
SUBJECT: CS L			NDING I, LLC		
			ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please retu	m all correspo	ondence concerning this matter	to the following:		
			John M. Morgan		
			Name of Person		
			Firm/Company		
8911			1 Daniels Parkway, Ste 6		
			Address		
		Fo	rt Myers, Florida 33912 City/State and Zip Code		
		jmm	organ@morgantitle.com		
For further	information of	E-mail address: (concerning this matter, please o	to be used for future annual report notifice all:	cation)	
	Jot	nn M. Morgan	<u> </u>	154-0572	
	Name o	of Person	Area Code & Daytime	Telephone Number	
Enclosed is	s a check for t	he following amount:			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions : ter Circle	OF STATE OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CS LENDIN			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y a s it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document numberL11000019026	vere filed on	02/14/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	:	
CS LENDING	V, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compan	y," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			2 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 7 6 8	TILE INAR -9 & DIST
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:			e name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Ente	er Florida street addre	ess
		, Florida	
	Citv		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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		□ Damova
			——————————————————————————————————————
 .			·
<u></u>			FE Add
			Remove
D. If amen	nding any other information, ente	r change(s) here: (Attach additional she	
_			
Dated	March 8	2011	_
	Signature of a	member or authorized representative of a m	ember
		John M. Morgan	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00