

L110000025285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 24 PM 1:12

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J. SAULSBERRY  
EXAMINER

MAY 25 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The LenderIntel Report, 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:

Lesli Carroll

Name of Person

The LenderIntel Report, LLC

Firm/Company

637 Belhaven Falls Drive

Address

Ocoee, FL 34761

City/State and Zip Code

lesli@lenderintelreport.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lesli Carroll

Name of Person

at ( 352 )

874-4375

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

The LenderIntel Report, 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 3/01/2011 and assigned  
Florida document number L11000025285.

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 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)

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TALLAHASSEE, FLORIDA

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: Lesli Carroll

New Registered Office Address: 637 Belhaven Falls Drive

*Enter Florida street address*

Ocoee, Florida 34761

*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 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.*

*Lesli Carroll*  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Lesli Marchbanks	637 Belhaven Falls Drive Ocoee FL 34761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lesli Carroll	637 Belhaven Falls Drive Ocoee FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Milton Carroll	637 Belhaven Falls Drive Ocoee FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Milton W. Carroll Jr	637 Belhaven Falls Drive Ocoee FL 34761	<input type="checkbox"/> Add <input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 24 PM 1:12

FILED

Dated May 20, 2011

Lesli Carroll  
Signature of a member or authorized representative of a member

Lesli Carroll

Typed or printed name of signee

## DEPARTMENT OF HEALTH • VITAL STATISTICS

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPERCASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

2011-ML-001291-W

(APPLICATION NUMBER)

DOCH 20110167496 B: 10193 P: 3873

03/31/2011 02:52:26 PM Page 1 of 1

Rec Fee: \$0.00

Martha O. Haynie, Comptroller  
Orange County, FL

## APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) <b>MILTON WAYNE CARROLL JR</b>			2. DATE OF BIRTH (Month, Day, Year) <b>07/31/1968</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>OCOEE</b>		3b. COUNTY <b>ORANGE</b>		3c. STATE <b>FLORIDA</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>LESLI DANITA MARCHBANKS</b>			5b. MAIDEN SURNAME (If different) <b>MARCHBANKS</b>		
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>OCOEE</b>		7b. COUNTY <b>ORANGE</b>		7c. STATE <b>FLORIDA</b>	
			4. BIRTHPLACE (State or Foreign Country) <b>ARKANSAS</b>		
			6. DATE OF BIRTH (Month, Day, Year) <b>09/24/1975</b>		
			8. BIRTHPLACE (State or Foreign Country) <b>FLORIDA</b>		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

*Milton Wayne Carroll Jr.*

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (Date)

2/22/2011

11. TITLE OF OFFICIAL

CLERK OF THE CIRCUIT COURT

12. SIGNATURE OF OFFICIAL (Use black ink)

*Mary J. Snell*

13. SIGNATURE OF BRIDE (Sign full name using black ink)

*Lesli Danita Marchbanks*

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (Date)

2/22/2011

15. TITLE OF OFFICIAL

CLERK OF THE CIRCUIT COURT

16. SIGNATURE OF OFFICIAL (Use black ink)

*Mary J. Snell*

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE

ORANGE

18. DATE LICENSE ISSUED

02/22/2011

18a. DATE LICENSE EFFECTIVE

02/25/2011

19. EXPIRATION DATE

04/23/2011

20a. SIGNATURE OF COUNTY CLERK OR JUDGE

*Alvin J. Hudson*

20b. TITLE

CLERK OF THE CIRCUIT COURT

20c. EX D.C.

*MD*

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)

March 26, 2011

22. CITY, TOWN, OR LOCATION OF MARRIAGE

Orlando, FL

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

*Rev. O'Hara C. Black*

23c. ADDRESS (Of person performing ceremony)

4077 Prince Hall Blvd. Orlando, FL 32811

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY

Rev. O'Hara C. Black, Pastor  
Nth Pleasant Baptist Church

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

*James J. Marshall*

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

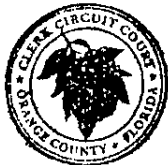
*James J. Marshall*

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

State of FLORIDA, County of ORANGE  
I hereby certify that this is a true copy of  
the document as reflected in the Official Records.  
MARTHA O. HAYNIE, COUNTY COMPTROLLER

By: *Reahly Haynieds*  
Deputy Comptroller

Dated: 3/31/11



SEAL