

L110VV031896

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☐ PICK-UP

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(Business Entity Name)

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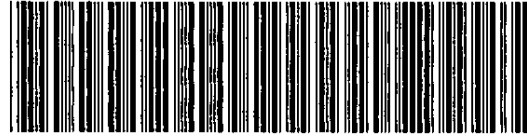
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B. KOHR

JUL 20 2012

EXAMINER



500236908815

07/19/12--01007--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 19 PM 4:45

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Lender Asset Trust, 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:

Ronnie Williams

Name of Person

Lender Asset Trust, LLC

Firm/Company

715 SW 10th Terrace

Address

Cape Coral, FL 33991

City/State and Zip Code

investor@housetraders.net

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

For further information concerning this matter, please call:

Ronnie Williams

Name of Person

at (239)

777 0022

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUL 19 PM 4:45

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

Lender Asset Trust, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
12 JUL 19 PM 4:45

The Articles of Organization for this Limited Liability Company were filed on 03/15/2011 and assigned
Florida document number L11000031896.

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: 715 SW 10th Ter
(Principal office address MUST BE A STREET ADDRESS) Cape Coral, FL 33991

Enter new mailing address, if applicable: PO Box 110056
(Mailing address MAY BE A POST OFFICE BOX) Naples, FL 34108-0056

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: Ronnie Williams

New Registered Office Address: 715 SW 10th Ter
Enter Florida street address

Cape Coral, Florida 33991
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.


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:

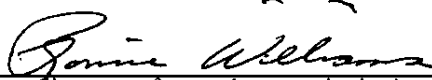
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ronnie Williams	PO Box 110056 Naples, FL 34108-0056	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Tibor P Kollar	12811 Kenwood Lane Fort Myers, FL 33907	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Olivia Kollar	12811 Kenwood Lane Fort Myers, FL 33907	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 07/16/2012



Signature of a member or authorized representative of a member

Ronnie Williams

Typed or printed name of signee