## 11000 140900

(Requestor's Name)						
(Address)						
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



100256070101

01/29/14--01013--002 \*\*525.00



JAN 31 2014 D. E. C. C.

## Articles of Amendment to Articles of Organization of

## **B.E.D. 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 <u>12/15/2011</u> and assigned Florida document number <u>L11000140900</u>

This amendment is submitted to amend the following:

1) <u>MGR</u>

Coralee G. Penabad

	nonament is submitted to among the	, tonotring.					
Α.	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:2100 Ponce De Leon Blvd.						
	(Principal office address MUST BE A STREET ADDRESS)						
			Coral Gables, FL 331	34			
	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2100 Ponce De Leon	Blvd			
			Suite 1045				
		<del>,</del>	Coral Gables, FL 331	34			
В.	If amending the registered agent	and/or rogistor	od office address on	our rocords ontor			
<b>D</b> .	the name of the new registered agent						
	Name of New Registered Agent:	Sandra Navar	ro-Garcia				
	New Registered Office Address:	7951 SW 40 <sup>th</sup>	Street, Suite 202				
		Miami, FL 33		7114			
I hereb	egistered Agent's Signature if cha by accept the appointment as register	red agent and a	gree to act in this cap	acity Huitheragree			
to com	ply with the provisions of all statutes	relative to the p	proper and complete p	erformance of my			
	and I am familiar with and accept the ed for in Chapter 605, F.S. Or, if this						
	red office address, I hereby confi <u>r</u> m.						
	of this change.			Ps. 10			
	If Changing Registered	Agent, <u>Signature (</u>	of New Registered Agent				
C.	If amending the Managers of Authaddress of each Manager or Authrecords:						
	<del></del>						
	Manager = Authorized Member						
<u>Titl</u>	<u>e</u> <u>Name</u>	Addres	SS	Type of Action (Check One)			

235 Altara Avenue

Coral Gables, FL 33146

Add

Remove

<u>Tit</u>	t <u>le</u>	<u>Name</u>	Address	Type of Action (Check One)				
2)	MGR	Michael Calderon	2100 Ponce De Leon Blvd. Suite 1045 Coral Gables, FL 33134	<ul><li>✓ Add</li><li>☐ Remove</li></ul>				
D.		any other information, enter I sheet, if necessary). (Be specific)	change(s) here:					
E.	Effective date, if other than the date of filing: (optional) (if an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)							
Dated		1/14/2014//////						
Signature // Signa								
Michael Calderon								
	(Typed or printed name of person signee)							

ZOIN JAN 30 PM 2: 42
PARLAHASSEE FLORIDA