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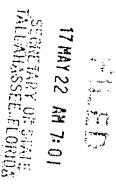
| (| Requestor's Name) | |
|----------------------|------------------------|-------------|
| (| Address) | |
| | Address) | |
| | City/State/Zip/Phone # | <i>‡</i>) |
| PICK-UP | ☐ WAIT | MAIL |
| (| Business Entity Name | 9) |
| | Document Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions | to Filing Officer: | |
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Office Use Only



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COVER LETTER

| Div | ision of Corp | porations | • | | |
|---|----------------|--|---|---|--|
| SUBJECT: | | About Lending LLC | | | |
| ocbone i. | | Name of Lim | ited Liability Company | rson Pany Daytime Telephone Number Daytime Telephone Number Sopy Certificate of Status & Certified Copy Certified Copy Certified Copy | |
| | | | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Melinda Payan | | | |
| | | Name of Person | | | |
| | | The Truth About Lending | LLC | | |
| | | Firm/Company | | | |
| | | 12401 Orange Drive Ste 20 | 07 | | |
| | | | Address | | |
| | | Davie, Florida 33330 | | | |
| | | | City/State and Zip Code | | |
| Davie, Florida 33330 City/State and Zip Code melinda@ttal.info | | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | |
| For further in | nformation co | oncerning this matter, please ca | all: | | |
| Melinda Pay | yan | | 954 214 2593 | | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed is a | a check for th | e following amount: | | | |
| ■ \$25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

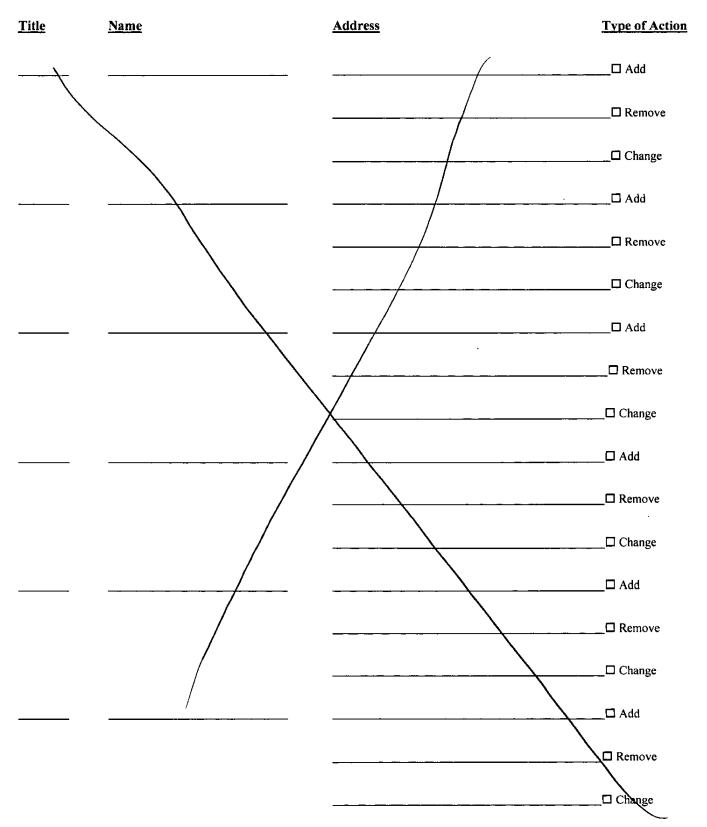
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Truth About Lending LLC | | | |
|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> [200135 769]. This amendment is submitted to amend the following: | 106.110 | | |
| A. If amending name, enter the new name of the limited liab | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 12401 Orange Drive Ste 207 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Davie, Florida 33330 | | |
| change of Address only | | | |
| Enter new mailing address, if applicable: | 12401 Orange Drive Ste 207 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Davie, Florida | | |
| | 33330 | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: | Enter Florida street address Florida Florida | | |
| N B | City — Zip Care | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | | |

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



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| ffective date, if other than the date of filing: | (| optional) | |
| an effective date is listed, the date must be specific and cannot be prior to date of filote: If the date inserted in this block does not meet the applicable statut | iling or more than 90 days tory filing requirements | s after filing.) Pursue s, this date will no | ant to 605,020? of be listed as |
| ocument's effective date on the Department of State's records. | | | |
| e record specifies a delayed effective date, but not an effe | ective time. at 12: | 01 a.m. on the | e earlier o |
| The 90th day after the record is filed. | , | | |
| ated May 17, 2017. | | | |
| ated , , , , , , , , , , , , , , , , , , , | | | |
| Meyan | annatativa = P = | | |
| Signature of a member or authorized repre | sentative of a member | | |
| Melinda Payan | | | |

Page 3 of 3

Filing Fee: \$25.00