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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
Office Use Only	



02/20/18--01028--028 **25.00





COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: The Truth About Lending, 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:



For further information concerning this matter, please call:

Melinda Paya

Name of Person

at (<u>954</u>) <u>914-2593</u> 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

ARTICLES OF AMENDMENT то ARTICLES OF ORGANIZATION OF encu 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 10/2412012 and assigned Florida document number L12000135719 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The Truth About Lendin, LC Enter new principal offices address, if applicable: 12515 Orange Drive # (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) The Truth Abutlending, LLC. 12515 Orange Drive # 874 Duvie, Floridu 33330

Florina 3333

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Dravie

Name of New Registered Agent:	MELINDA	N. Payan
New Registered Office Address:	12515 Oran	GE Drive # 814
<u> </u>	For Flori	da street address
	Pave	Florida <u>33330</u>
	Ciņ	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 605. 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

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MGR = M $AMBR = A$	lanager .uthorized Member	t hange of areas	only)
<u>Title</u>	Name	Address (here a doine	Type of Action
MGR	Melinda Payan	Address (Change of address 12515 Orange Drive #8	14 Add
		Davie, FL 33330	Remove
			Change
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[1D.' If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February	8. 2018.		
	Senature of a member be autoondeed representative of a member	ده ۲۰	
ų ,	Melinda N. Payan	•	
	Typed or printed name of signee		Г С.
	Page 3 of 3		• •• •
	Filing Fee: S25.00	:	P-4