# 1/200/37686

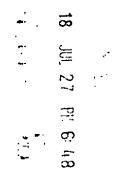
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35-1208 S. PRATHER

### **COVER LETTER**

eud ipæt.		S CAPITAL LENDING, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	n all correspor	ndence concerning this matter t	to the following:	
		Martin Perez		
			Name of Person	
		COLUMBUS CAPITAL L	ENDING, LLC	
			Firm/Company	
		9485 Sunset Drive, A-15	0	
		-	Address	
		Miami, Florida, 33173		
			City/State and Zip Code	
		mperez@columbuscl.com		· · · · · · · · · · · · · · · · · · ·
		E-mail address: ()	to be used for future annual report notif	ncauon)
For further:	information co	oncerning this matter, please ca	all:	
Martin Per	ez		( 305 ) 271-8005	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne 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

TO:

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 Tallahussee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# COLUMBUS CAPITAL LENDING, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) $\overline{\omega}$ The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned Florida document number L12000137686 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

#### 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RAFAEL PEREZ	9485 SUNSET DRIVE	
		A-150	Remove
		MIAMI, FLORIDA 33173	☐ Change
MGR	ROLANDO BENITEZ	9485 SUNSET DRIVE	Add
		A-150	☐ Remove
		MIAMI, FLORIDA 33173	Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change

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etive date, if other than the date of filing:	ve date, if other than the date of filing:	e: If the date i	nserted in this	block does no	t meet the applic	able statutory filin	g requirements,	this date will r	not be listed
		ctive date, if	other than th	he date of fil	ing:	to date of files as a	(O)	otional)	uant to 605 0°
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Filing Fee: \$25.00