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SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

TO:

Registration Section

Division of Corporation	ons
	COLUMBUS CAPITAL LENDING, LLC.
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Ameno	ment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Da	vid Jimenez, Esq.
	Name of Person
Jin	nenez Legal Group, PLLC.
	Firm/Company
99.	55 N. Kendali Dr.
_	Address
Mi	and, FL 33176
_	City/State and Zip Code
David@JimenezLegalGroup.com	
	E-mail address: (to be used for future annual report notification)
For further information concern	ng this matter, please call:
David Jimenez	786 488-7176 at ()
Name of Person	
Enclosed is a check for the follo	wing amount:
□ \$25.00 Filing Fee □ \$	30.00 Filing Fee & S55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32.	Division of Corporations The Centre of Tallahassee

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) The Articles of Organization for this Limited Liability Company were filed on ___10 / 29 / 2012 and assigned L12000137686 Florida document number _ 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 "L.L.C." 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 , Florida

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

lf amendin or removed	g Authorized Person(s) authorized from our records:	to manage, enter the title, name, and address of c	ach person-being ad
MGR = M AMBR = A	Aanager Authorized Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SONIA BENITEZ	9955 N. Kendall Drive, Miami Fl 33176	≅ Add
			□Remove
			□Change
MGR	ROLANDO BENITEZ	9955 N. Kendall Drive, Miami Fl 33176	□ Add
			■Remove
		 	□Change
			□Add
			□Remove
			□Change
		_	□ Add
			□Remove
			□Change
			□Add
		 	□Remove
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			□Add
			□Remove

Change

D. If amend	ing any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>	
	- <u>-</u> .	<u>. </u>
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Note: If	the date inserted in th	the date of filing:
If the record s record is filed		ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Octob	Signature of a number or authorized representative of a member
		mypus
	(onia Benitez
		Typed or printed name of signee

Filing Fee: \$25.00