120048964

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilious Ellaty Hallis)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Direc	t Loan Service	9	
SUBJECT:	Name of Limit	ed Liability Company	<u>, , , , , , , , , , , , , , , , , , , </u>
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Justin Perez		
		Name of Person	
	Direct Loan	Service	
		Firm/Company	
	4555 nw 103	3rd ave	
		Address	
	suite 105 su	nrise 33351	
	Diamana	City/State and Zip Code	<u> </u>
	Diegoasorey85@g	o be used for future annual report notificati	on)
For further information c	oncerning this matter, please c	all:	
Justin Pere	Z	_{at (} 954 ₎ 4391067	•
Name o	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	ne following amount:		
	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
■ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	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 TO ARTICLES OF ORGANIZATION OF

Direct Loan Services		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecoras.)
The Articles of Organization for this Limited Liability	Company were filed on 11/28/201	2 and assigned
Florida document number L12000148964	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADD</u>	RESS)	<u> </u>
		5 5 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		The same of the sa
		80
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Foton Florid	a street address
	, I , I	Florida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Mgrm	Joseph Hicks E III	1118 SW 20th Street	Add
		ft. lauderdale FL 33315	Remove
			Add
			Add
<u></u>			Add
			Add
			Add

). If a	mending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)		
ated	December 12	2012		
_				
	Signature of a member or authorized representative of a member			
	Justin Perez			
		Typed or printed name of signee		

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Filing Fee: \$25.00