| L130000 | 39448 |
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| (Requestor's Name) (Address) (Address) | 000248125880 |
| (City/State/Zip/Phone #) | 05/24/1301026002 ** 25.00 |
| (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer: | FILED 13 JUN 14 PM 3 41 NALAINSSEE FLORIDA |
| Office Use Only | C. LEWIS June 17, 2013 Sunc 17, 2013 EXAMINER |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2013

ANTONIO COLON 20302 S DIXIE HWY CUTLER BAY, FL 33189

SUBJECT: GOT LOVE LOANS LLC Ref. Number: L13000039448

We have received your document for GOT LOVE LOANS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

Letter Number: 113A00013244

| May 20 13 11:48a | Hacker And Rómano ' | 9549223385 | p.2 |
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| ✓ 1 | (| COVER LETTER | |
| TO: Registrat | tion Section | | |
| Division | of Corporations | | |
| SUBJECT: G | OT LOVE LOANS | | |
| | Name of Limit | ted Liability Company | |
| The enclosed Artic | eles of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all co | prrespondence concerning this matter | to the following: | |
| | ANTONIO C | | |
| | | Name of Person | - |
| | | | |
| | | Firm/Company | - |
| | 20302 S DIX | | - |
| | CUTLER BA | | |
| | | City/State and Zip Code | - |
| | | 1007@YAHOO.COM | |
| For further inform | ation concerning this matter, please c | - | |
| ANTON | IO COLON | 305,235-0023 | |
| | Name of Person | at () Arca Code & Daytime Telephone Numb | er |
| Factored is a cher | k for the following amount: | | |
| -7 ■ \$25.00 Filing I | - | (additional copy is enclosed) Certific | iling Fee, cate of Status & ed Copy onal copy is enclosed) |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | i STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

Hacker And Romano 9549223385 p.1 May 20 13 11:58a **ARTICLES OF AMENDMENT** FILED TO ARTICLES OF ORGANIZATION 13 JUN 14 (11 3:41 OF 25歳 あいい 14編目 预止制度经证。孔明国家 GOT LOVE LOANS 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 03/15/2013____ and assigned Florida document number L13000039448 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 end with 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: | ANTONIO COLON | <u></u> |
|--------------------------------|------------------------------|------------------------|
| New Registered Office Address: | 20302 S DIXIE HWY | |
| | Enter Florida street address | |
| | CUTLER BAY | , Florida <u>33189</u> |
| | City | 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 Changing Registered Agent, Signature of New Registered Agent

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9549223385

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager FILED or Managing Member being added or removed from our records: JUN 14 PM - 41 MGR = Manager 13 MGRM = Managing Member Address Mail And Sade, FL SHOA Type of Action Title Name 20302 S DIXIE HWY MICHAEL GOTTLIEB MGR Add CUTLER BAY FL 33189 Remove ANTONIO COLON 20302 S DIXIE HWY MGRM -Add CUTLER BAY FL 33189 Remove Add Remove

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|). If amendin | g any other information, enter change(s) here | : (Attach additional sheets, if necessary) | ` |
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| | | ized representative of a member | |
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Filing Fee: \$25.00