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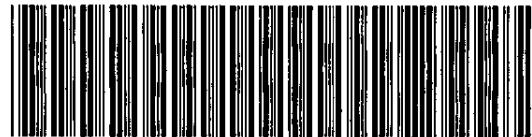
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TALLAHASSEE, FLORIDA
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B. BOSTICK

OCT 28 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Annapurna 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:

Laird A. Lile

Name of Person

Laird A. Lile, P.A.

Firm/Company

3033 Riviera Drive, Suite 104

Address

Naples, Florida 34103

City/State and Zip Code

LLile@LairdALile.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laird A. Lile	239	649-7778
Name of Person	at (Area Code
)	Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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2014 OCT 27 P 3 42

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**

Annapurna 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 November 19, 2013 and assigned Florida document number L13000162080.

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)

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patrick F. Mize	3033 Riviera Drive, Suite 104 Naples, Florida 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Laird A. Lile	3033 Riviera Drive, Suite 104 Naples, Florida 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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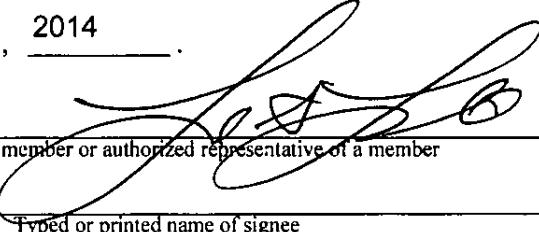
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

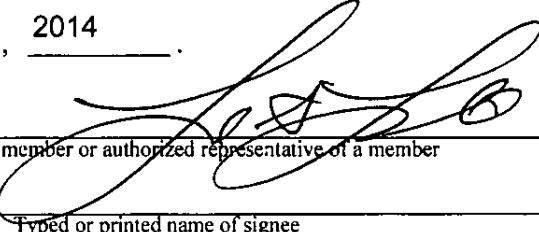
E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October, 24, 2014


Signature of a member or authorized representative of a member

Laird A. Lile


Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 3 of 3

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