

L14000028354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

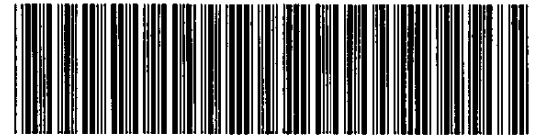
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL -9 PM 2:28

JUL 09 2014  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Equitable Loan Services 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:

Kaley Marie Lopez

Name of Person

Equitable Loan Services LLC

Firm/Company

255 Primera Blvd. Suite 160

Address

Lake Mary, Florida 32746

City/State and Zip Code

EquitableLoanServices@gmail.com

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

For further information concerning this matter, please call:

Benny Garcia

Name of Person

at ( 407 ) 796-8040

Area Code

Daytime Telephone Number

Enclosed is a check for the 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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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	Kaley Marie Lopez	132 Kaywood Circle, Sanford, FL 32771	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Benny Garcia	255 Primera Blvd. Suite 160	<input checked="" type="checkbox"/> Add
		Lake Mary, FL 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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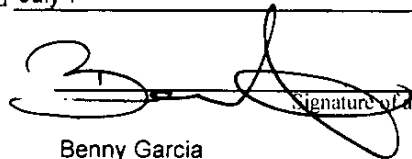
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 July 7, 2014



Signature of a member or authorized representative of a member

Benny Garcia

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

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**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
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