

12/7/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

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Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPECIALTY MERCHANT LENDING, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

S Warren

DEC 08 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Specialty Merchant 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:

Sara M. Watson

Name of Person

Katten Muchin Rosenman LLP

Firm/Company

525 W. Monroe St.

Address

Chicago, IL 60661

City/State and Zip Code

sara.watson@kattenlaw.com

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

For further information concerning this matter, please call:

Sara M. Watson

at (312) 577-8501

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Specialty Merchant 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 March 28, 2014 and assigned Florida document number L14000051039

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 _____
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 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

FILED
 2016 DEC 7 1 10 33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	William S. Rose, Jr.	11470 Parkside Dr., Suite 300	<input checked="" type="checkbox"/> Add
		Farragut, TN 37934	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Kathleen Muchin Rosenman, LLP 312-902-1061

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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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

Dec 7,

2016

Dennis P. Lloyd

Signature of a member or authorized representative of a member

Dennis P. Lynda, authorized representative

Typed or printed name of signee

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Filing Fee: \$25.00

2015 DEC - 7 AM 5:55
SECRETARY OF STATE
TAMMIE E. FLORIDA

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