L14000008596

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	: #)
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TALLAHASSEE, FLORIDA

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COVER LETTER

,	
TO: Registration Section Division of Corporations	
SUBJECT: LENDER LOANS CAPITAL 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:	
Michael Fawwaz	
Name of Person	
Firm/Company	
17266 BOCA CLUB BLVD 1601	
Address DOCA DATON EL 22407	2014 F. F. F
BOCA RATON, FL 33487 City/State and Zip Code	2011 JUL 2
michaelfawwaz@gmail.com	2 7
E-mail address: (to be used for future annual report notification)	EE. FLS
For further information concerning this matter, please call:	
Michael Fawwaz 954 529.9333	- - - - - - - - - - - - - -
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

(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000108596</u>	were filed on 07/09/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Lenders Loan Capital, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1926 10 Ave N #304	
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33461	7.0 28
		D D
Enter new mailing address, if applicable:		Control of the contro
(Mailing address MAY BE A POST OFFICE BOX)		
		Tarris 65
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph Ilardi	7315 Briella Dr	= Add
		Boynton Beach, FL 3	3437
			Add
			□ Remove
			2 Remove
			□ Add
			□ Remove
			☐ Remove
			····
			Add
			□ Remove

rr amenmug any achei mi	ormation, enter change(s) here: (Attach a	iaattional sneets, if necessary.)

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· (11.4 - 11.4 		
Effective date, if other tha (The effective date must be specifi the date this document is filed by	on the date of filing: c, cannot be prior to date of receipt or filed date and c the Florida Department of State)	(optional) annot be more than 90 days after
Dated July 17	, 2014	
DatedJuly 17	1. Mult	
Dated July 17	Signature of a member or authorized representation	ntative of a member
Dated July 17	Signature of a member or authorized representation of a member of authorized representation of signature of s	

Page 3 of 3

Filing Fee: \$25.00