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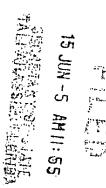
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JUN 08 2015 J SHIVERS

COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: No Way Lien Search, 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:
Ernesto Buitrago, Esq. Name of Person
Buitrago Law Firm, P.A. Firm/Company
1451 W. Cypress Creek Rd., Suite 300 Address
E-mail address: (to be used for future annual report notification)
Ebuitrogo & Buitrogo lowfirm, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ernesto Buitrogo at 954 609-5123 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

NU Way Lien (Name of the Limited (A	SCONCH LL L I Llability Company as it now appears on our records.) A Florida Limited Liability Company)
	bility Company were filed on April 27, 2015 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	Butrogo Law Firm, P.A.
New Registered Office Address:	Butrogo Law Firm, P.A. 1451 W. Grpress Creek Rd., Suite 300 Enter Florida street address
	Ft. Landerda C. Florida 33309 City Zip Code
	•
New Registered Agent's Signature, if changing Re	egistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as regist.	
	The contract of the contract o
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

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 = M $AMBR = A$	= Manager R = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Remove		
			☐ Change		
			Add		
			☐ Remove		
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				(ontional)	
Effective date, if othe (If an effective date is listed. Note: If the date inserte document's effective da	r than the date of fili the date must be specific a ed in this block does not te on the Department of	ing: and cannot be prior to date t meet the applicable st f State's records.	of filing or more than 90 d atutory filing requireme	_ (Optional) ays after filing.) Pursu ints, this date will n	ant to 605.0207 (3x) of be listed as the
the record specifies	te on the Department of a delayed effective	f State's records. e date, but not an o			
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the record specifies The 90th day after	a delayed effective or the record is filed to the second in the second is filed to the second in the s	f State's records. e date, but not an od.		2:01 a.m. on th	ne earlier of:

Page 3 of 3

Filing Fee: \$25.00