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COVER LETTER

CUDICCT.	Southeast C	apital Group, LLC			
SUBJECT:		Name of Limited Lial	pility Company		
The enclosed	l Articles of	Amendment and fee(s) are submitted	for tiling.		
Please return	all correspo	ndence concerning this matter to the f	ollowing:		
		Luis Moreno Capdevila			
		Southeast Capital Group, LLC	Name of Person		
		8500 SW 8th Street Suite 220	Firm/Company		
		Miami, FL 33144	Address		
		Lmore010@gmail.com	State and Zip Code		
For further in	iformation co	E-mail address: (to be use oncerning this matter, please call:	d for future annual re	eport notification)	
Luis Moreno	Capdevila Name of		305 799- at ()	-9904 Daytime Telephon	e Number
Enclosed is a	check for th	e following amount:		,	,
□ \$25.00 Fi	iling Fee	Certificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclo	osed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Southeast Capital Group, LLC		
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	y Company were filed on 05/04/2015	and assigned
Florida document number L15000078392	·	
This amendment is submitted to amend the following	:	15. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
A. If amending name, enter the new name of the li	imited liability company here:	
Southeast Lending Group, LLC		
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	L.	s, enter the name of the r
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:	- 	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
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	07	7/15/2019			
fective date, if other than the an effective date is listed, the date must	date of filing:	not be prior to date	of filing or more t	option (option	al) ing) Pursuant to 605 020
ote: If the date inserted in this blocument's effective date on the D	ock does not meet t	the applicable sta	atutory filing re-	quirements, this d	ate will not be listed a
deather serrective date on the D	partificition state :	s records.			
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July 15th	20)19	/	\mathcal{M}	
ned	·	<u> </u>			
	<u> </u>			K / _	
	Signature of a memb	er or authorized r	epresen'	1 bren	1
Luis Moreno Capdevila					\sim
		ed or printed name			

Page 3 of 3

Filing Fee: \$25.00