

45000141879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON
JAN 04 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Loan File Intelligent Review Systems, 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:

Ewintario Nielsen

Name of Person

Loan File Intelligent Review Systems, LLC

Firm/Company

2863 Bay Avenue

Address

Kissimmee, FL 34744

City/State and Zip Code

ebn@lfirs.com

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

For further information concerning this matter, please call:

Ewintario Nielsen

321 900-3876

at ()

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**

Loan File Intelligent Review Systems, 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 08/19/2015 and assigned
Florida document number L15000141879.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2863 Bay Avenue

Kissimmee, FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2863 Bay Avenue

Kissimmee, FL 34744

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:

N/A

New Registered Office Address:

Enter Florida street address

City

, Florida

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 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>
AMBR	John Holloway	900 Johnson Drive	<input type="checkbox"/> Add
		Clermont, FL 34711	<input checked="" type="checkbox"/> Remove
		Remove Completely	<input type="checkbox"/> Change
AMBR	Chad Wille	2863 Bay Avenue	<input type="checkbox"/> Add
		Kissimmee, FL 34744	<input type="checkbox"/> Remove
		Address Change	<input checked="" type="checkbox"/> Change
AMBR	Edward Winslow	2863 Bay Avenue	<input type="checkbox"/> Add
		Kissimmee, FL 34744	<input type="checkbox"/> Remove
		Name Correction/Address Change	<input checked="" type="checkbox"/> Change
AMBR	Ewintario Nielsen	2863 Bay Avenue	<input type="checkbox"/> Add
		Kissimmee, FL 34744	<input type="checkbox"/> Remove
		Address Change	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated December 29th, 2016.

Signature of a member or authorized representative of a member

Chad M. Wille

Typed or printed name of signee