## L150019192

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJI		Financial LLC				
SUBJI						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Paula Barnett				
			Name of Person			
Pino Nicholson, PLLC Firm/Company						
						189 S. Orange Ave., Suite 1650
Address						
		Orlando, FL 32801				
		City/State and Zip Code				
		pbarnett@pinonicholsonlav		<del>-</del>		
For fur	ther information co	ti-mail address: ( concerning this matter, please of	to be used for future annual report notif	(cation)		
	Barnett	71	407 956-4245			
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclos	ed is a check for th	e following amount:				
<b>■</b> \$2:	5.00 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

LoanWise Financial 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  $\frac{11/23/2015}{2}$ and assigned Florida document number L15000197922 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 "LLC." 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 \_

## 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.

City

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:

. . . . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Omar Quddus		Add
			Change
MGR Ascend Company	Ascend Ventures Ma Company LLC	anagement	Add
			Remove
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			Change

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Note: I	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 30th day after the record is filed.
Dated _	February 1 , 2016 .
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00