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## COVERLETTER

	Registration Sec Division of Corp			
CUBIEC		inancial LLC		
SUBJEC	T:		ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		Paula Barnett		
		<del>,, , , , ,                           </del>	Name of Person	<del>, , , , , , , , , , , , , , , , , , , </del>
		Pino Nicholson, PLLC		
			Firm/Company	
		189 S. Orange Ave., Suite I	650	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		pbarnett@pinonicholsonlaw.		<del></del>
For furth	er information co	e-mail address: (to oncerning this matter, please ca	o be used for future annual report notif II:	ication)
Paula Ba	rnett		407 956-4245 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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 11/23/2015 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: loanwise financial LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 555 Winderley Place, Suite 420 Enter new principal offices address, if applicable: Maitland, FL 32751 (Principal office address MUST BE A STREET ADDRESS) 555 Winderley Place, Suite 420 Enter new mailing address, if applicable: Maitland, FL 32751 (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

#### 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, 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 A

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 **Address Type of Action** Title Name □ Add ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_\_ Change

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