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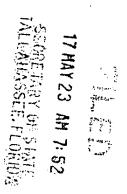
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COVER LETTER

Division of Cor	porations		
Lendation L	LC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cody Roth		
		Name of Person	
	Lendation LLC		
		Firm/Company	
	845 SW 17th St	<u>-</u>	
		Address	
	Fort Lauderdale, FL 3315		
		City/State and Zip Code	
	cody@lendation.net	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	•	
Cody Roth		954 591-9224	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne 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

Lendation LLC	
(Name of the Limited (/	1 <u>Liability Company as it now appears on our records.)</u> A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial lorida document number L16000151739	bility Company were filed on and assigned
nis amendment is submitted to amend the follow	ving:
. If amending name, enter the new name of t	the limited liability company here:
funter Caroline Funding LLC	
e new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
s. If amending the registered agent and/oregistered agent and/or the new registered offi	r registered office address on our records, enter the name of the ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 heing 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 or removed	Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u>		
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
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		Remove
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fective date, if other than	the date of filing:	(optional)
in effective date is listed, the dat	e must be specific and cannot be prior to date of fil	ing or more than 90 days after filing.) Pursuant to 605.6 ory filing requirements, this date will not be listed
	he Department of State's records.	my ming requirements, this date with not be hated
record specifies a del The 90th day after the	ayed effective date, but not an effect record is filed.	ctive time, at 12:01 a.m. on the earlie
May 18	2017	
	VII m	
/ /	11: Var 1/11 /	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00