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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

porations		
apital Lending LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub-	mitted for filing.	
ndence concerning this matter	to the following:	
Dooshme Derosier		
	Name of Person	
	Firm/Company	
500 S Federal HWY 2381		
	Address	· · · · · · · · · · · · · · · · · · ·
Hallandale Beach, FL 3300	09	
	City/State and Zip Code	
		
E-mail address: ()	to be used for future annual report noti	fication)
oncerning this matter, please ca	all:	
	954 866-9393	
Person	Area Code Daytim	e Telephone Number
e following amount:		
■ \$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)
<u>s:</u>	Street Address:	-4°
	Amendment and fee(s) are sub- ndence concerning this matter Dooshme Derosier 500 S Federal HWY 2381 Hallandale Beach, FL 3300 Dosh@landstarfinancial.com E-mail address: (concerning this matter, please case) Person e following amount: \$30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Dooshme Derosier

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 23 AM 7: 38

Landstar Capital Lending LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on or rida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	-	and assigned
Florida document number L17000160946	 ·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Landstar Financial LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u>.</u>
(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 registe agent and/or the new registered office address here		s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code
Now Designand Amentle Companies (Cohomaine Designa	and toats	

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>	Address	Type of Action
MGR	Jean Briere Saint Jean	2450 Hollywood BLVD Suite 404	□Add
		Hollywood, FL 33020	≣Remove
			
			
			□Remove
			□Change
			□Add
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Fective date, if other than the da an effective date is listed, the date must be	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	05.0207 (3)
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ocument s'effective date off the Depa	intent of state's records.	
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is filed.	te, but not an effective time, at 12.01 a.m. on the carnet of, (b) The 90th day a.	iter the
June 22 ated	2022	
	nature of a member or authorized representative of a member	

Filing Fee: \$25.00