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COVER LETTER

| Division of Corporations |
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| SUBJECT: Floraboma Cepital L-LC 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: |
| Name of Person |
| Robert Peters P. A. Firm/Company |
| 910 S 8 to St 5to 136 |
| Lamondera Blh fl 32034 |
| City/State and Zip Code Robert Potas Lawe 5 mail. Con E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

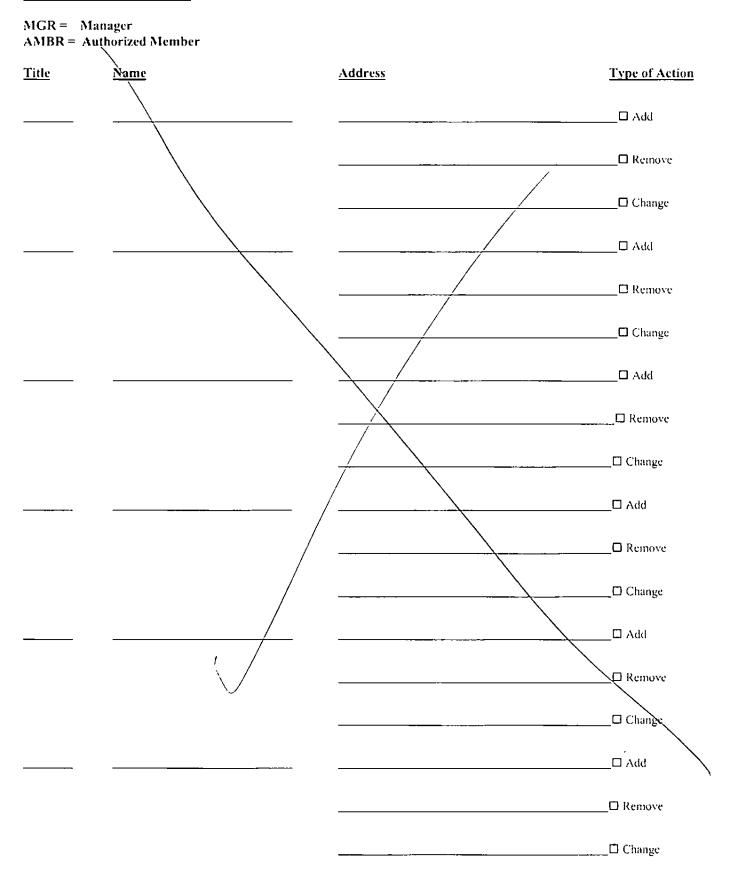
| (Name of the Limited Liability Compa (A Florida Limited | inv as it now appears on our records.) Clability Company) | |
|---|---|-----------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>ししてののよりつて</u> のつ | were filed on 9/11/17 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab Tand R Lending LLC. The new name must be distinguishable and contain the words "Limited Liabi | | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 910 5 8th St Jernardina Bul 32034 | Sto 136 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO BOX 15163 Johnsondena BU 7203 | 10 35 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | r the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address, Florida | AM B |
| Non-Designated Count's Construe. If showing Designated Country | City | E:Zlp Codu |

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:



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| rective date, if other than the date of filing: | (optional) or more than 90 days after filing.) Po Tling requirements, this date wil | irsuant to 605.020 Il not be listed a |
| record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed. | ve time, at 12:01 a.m. on | the earlier o |
| ted 6-2-8 | | |
| | utive of a member | |

Page 3 of 3

Filing Fee: \$25.00