## 117000226867

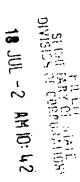
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## **COVER LETTER**

то:	Registration So Division of Co			
SUR	JECT:Ma	araiD Lending "LLC"		
000,		Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub ondence concerning this matter	-	
		Aida M Garcia		
			Name of Person	<del></del>
		MaraiD Lending "LLC"		
			Firm/Company	<del></del>
		7900 OAK LN SUIT 400		
	Firm/Company 7900 OAK LN SUIT 400  Address  MIAMI LAKES, FL.33016			
		MIAMI LAKES, FL.3301	6	
			City/State and Zip Code	
MaraidLending@gma				
		E-mail address: (	to be used for future annual report notifi	cation)
For fi	urther information	concerning this matter, please ca	all:	
	Aida Garcia	3	at ( 305 ) 742-8179	
	Name (	of Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for t	the following amount:		
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARAID LENDING "LLC"		
(Name of the Limited Liability Compa (A Florida Limited)	unv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000226867	were filed on11/02/2107	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	<u></u>	
The new name must be distinguishable and contain the words "Limited Liabi		. 9
Enter new principal offices address, if applicable:	7900 OAK LANE	<u><b>66</b> ≾∞</u>
(Principal office address MUST BE A STREET ADDRESS)	SUIT 400	
	MIAMI LAKES, FL, 33016	1, 5
Enter new mailing address, if applicable:	7900 OAK LANE	
(Mailing address MAY BE A POST OFFICE BOX)	SUIT 400	# 35E
	MIAMI LAKES, FL, 33016	<del>~~~</del>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		r the name of the no
	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 6.05, 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

, Florida j

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>	Name	<u>Address</u>	Type of Action
MGR	Maricela Rodriguez	7777 NW 201 TE	<b>_</b> 🗹 Add
		Hialeah FL, 33015	Remove
			Change
MGR	Aida M Garcia	7900 Oak Lane Suit 400	
		Miami Lakes FL, 33016	□ Remove
	-		☐ Change
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	-	•					
	specifies a delay h day after the re			t an effective	time, at 12:0	)1 a.m. on th	e earlier
			2018				
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