

**L180001685073743**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

*Ana M. Sanz*  
 Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP  
 Account Number : I20070000136  
 Phone : (786)594-4102  
 Fax Number : (786)664-3375

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: *asanz@arhmf.com*

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LENDER WEST LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LENDER WEST 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 January 5, 2018

Florida document number L18000003743

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2525 PONCE DE LEON BLVD.

SUITE 1225

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2525 PONCE DE LEON BLVD.

SUITE 1225

CORAL GABLES, FL 33134

**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:

INTERAMERICAN CORPORATE SERVICES LLC

New Registered Office Address:

2525 PONCE DE LEON BLVD., SUITE 1225

Enter Florida street address

CORAL GABLES

Florida 33134

City

Zip 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 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

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TALLAHASSEE, FLORIDA

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>    | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|----------------|--------------------------|--|
| MGR          | REBECCA POTTER | 2525 PONCE DE LEON BLVD. | <input type="checkbox"/> Add               |
|              |                | SUITE 1225               | <input type="checkbox"/> Remove            |
|              |                | CORAL GABLES, FL 33134   | <input checked="" type="checkbox"/> Change |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |
|              |                |                          | <input type="checkbox"/> Add               |
|              |                |                          | <input type="checkbox"/> Remove            |
|              |                |                          | <input type="checkbox"/> Change            |

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(b) The 90th day after the record is filed.

Rebecca A. Potter  
Signature of a member or authorized representative of a member

Rebecca A Potter  
Typed or printed name of signer

**Filing Fee: \$25.00**

850-617-8381

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*See attached*



July 5, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LENDER WEST LLC  
201 ALHAMBRA CIR. - 11TH FLOOR  
CORAL GABLES, FL 33134

SUBJECT: LENDER WEST LLC  
REF: L18000003743

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III  
Registration Section

FAX Aud. #: H18000168507  
Letter Number: 818A00013804



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