48000/30235

(Re	questor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp		· ·		
SUBII	Lenders Horida Form		ect with a Space, ited Liability Company between	Coneof Without a Sque un Lenders Forms, CCC	
The en	closed Articles of 2	Amendment and fee(s) are sub	mitted for filing.	•	
Please	return all correspoi	idence concerning this matter	to the following:		
		D. Mark Payne			
			Name of Person		
		Law Office of D. Mark Pa	yne		
			Firm/Company		
	9040 Town Center Parkway				
			Address		
		Lakewood Ranch, FL 3420	02		
			City/State and Zip Code		
		ecook5@tumpabay.rr.com	to be used for future annual report notifi		
For für	ther information ec	n-mail address: (oncerning this matter, please of		Cantury	
D. Ma	irk Payne		813 453-9080 at ()		
	Name of	Person	at () Area Coxic Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
⊞ \$2	5.00 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 Fallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lenders Forms LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L18000130235</u> .	e filed on 5/24/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
LendersForms LLC		
the new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "ELC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	address on our records enter	the purpo of the u
registered agent and/or the new registered office address here:	andress on our records, enter	the name of the h
Name of New Registered Agent:		TAN TO THE TANK THE T
New Registered Office Address:		JUN MASS MUSICAL
	Enter Florida street address	SEE 7
	, Florida	Lip Code
New Registered Agent's Signature, if changing Registered Agent:		<u> </u>

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) au ___rized to manage, enter the title, name, ano ___dress of each person_being added_ or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			
			□ Remove
			Change
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E. Ett	ective date, if other than the date effective date is listed, the date must be sp	of filing:		(optional)	
· • • • • • • • • • • • • • • • • • • •	us. It'day dece inserted in this block di	oes not meet the applic	cable statutory name re	quirements, this date v	ill not be listed as
do	nment's effective date on the Departi	nent of State is records	•		
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it the this T	record specifies a delayed effe ne 90th day after the record i	ective date, but no sifiled.	ot an effective dim	z, at 12.01 a.n. 0	n the earlier Or
Da	ed May 28	2018	·		
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Filing Fee: \$25.00