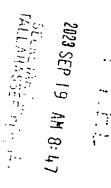
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





09/19/23--01022--013 \*\*525.00





## **COVER LETTER**

Division of Co.			٠			
SUBJECT: FIRM	LENDING, LLC					
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Ralph Padron					
	<del> </del>	Name of Person	<del></del>			
	PADRON & ASSOCIAT	ES, INC.				
	FIRM LENDING, LLC  Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    Ralph Padron					
	2095 W 76TH ST - SUITE 102					
	Address					
	HIALEAH, FL 33016					
		City/State and Zip Code				
			7,2 1 2			
For further information of		•	tification)			
Ralph Padron		-				
Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
Mailing Addres			ection			
_		<del>-</del>				
P.O. Box 632		The Centre of				
Tallahassee,	FL 34314	2413 N. MONTO	be Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRM LENDING, LLC

(Name of the Lim	ited Liability Compar (A Florida Limited L	iy as it now appears iability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited I	Liability Company	were filed on	06/28/2018	and assigned
Florida document number L180001582	13			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	f the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)	<u></u>		
	_			202
				3 SE
Enter new mailing address, if applicable:				P
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
				<b>2</b>
				<u>;</u> ;
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our red	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	PADRON & AS	SOCIATES, INC.		
New Registered Office Address:	2095 W 76TH S	T - SUITE 102		
Enter Florida street address				
	HIALEAH	, Florida 33016  City Zip Code		33016
		Ciţ		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as pr registered office a	performance of n rovided for in Ch	ny duties, and I an apter 605, F.S. O confirm that the i	n familiar with and r. if this document is

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>	Name	Address	Type of Action
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		<del></del>	Change
	<del></del>	<del></del>	□Add
			□ Remove
			Change
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## Page 2 of 3

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ffective date, if other t an effective date is listed, the lote: If the date inserted i ocument's effective date of	date must be specific a in this block does not	nd cannot be prior to meet the applicab			ing.) Pursuan	
e record specifies a c The 90th day after t			an effective tin	ne, at 12:01 a.r	n. on the	earlier (
ated	September	8, 2023				
	Signature of	a member of author	zed representative of	a member		_
	Signature or					

Page 3 of 3

Filing Fee: \$25.00