L18000166460

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COVER LETTER

Division of Corporations CLEAR 2 CLOSE LENDING LLC SUBJECT: 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: Ruthann Fong Name of Person Clear 2 Close Lending, LLC Firm/Company 1033 NE 17 Way, Unit 302 Address Fort Lauderdale, FL 33304 City/State and Zip Code ruthann_fong@hotmail.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Ruthann Fong Name of Person Daytime Telephone Number nclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L18000166460	ompany were filed on 07/10/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
LENDESTA, LLC	
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	ESS)
	7:23 DEG
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	골:
	<u> </u>
B. If amending the registered agent and/or registered eigent and/or the new registered office address here:	office address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

CLEAR 2 CLOSE LENDING LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐Change
			□Add
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	12/1	5/2020			
ective date, if other than the effective date is listed, the date mus e: If the date inserted in this blument's effective date on the December 2.	date of filing: st be specific and cannot ock does not meet the	be prior to date of fili e applicable statutor	ng or more than 90 da ry filing requiremen	(optional) ys after filing.) Pursuant ats, this date will not b	to 605.020 be listed a
cord specifies a delayed effectiv filed.	e date, but not an effe	ective time, at 12:0	a.m. on the earlie	of: (b) The 90th day	y after the
December 7th	2020)			
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Typed or printed name of signee