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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425~0077

Phone Fax Number

: (845)818-3588

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

Fma	4	1	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

2816 MASTER LENDER LLC

Certificate of Status	0
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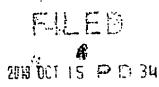
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OCT 1 0 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2816 MASTER LENDER LLC	e a contract a
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ORDER TALLAHASSEE, FLURGEA
The Articles of Organization for this Limited Liability Company were filed on 02/20/2019 Florida document number L19000050471	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Y PELEG LENDER LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(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 recorresistered agent and/or the new registered office address here:	ords, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Finter Florida street ad	dress
	Florida
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

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
MBR	SPRING, ILANA	1820 E WARM SPRINGS RD	
		STE 100	■ Remove
		LAS VEGAS, NV 89119	Change
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E	e date of filing: st be specific and cannot be prior to lock does not meet the applicate partment of State's records.	o date of filing or more than ble statutory filing requi	(optional) 190 days after filing.) Pursuant to rements, this date will not be l	605.02 0 isted a:
e record specifies a delaye The 90th day after the rec	d effective date, but not ord is filed.	an effective time,	at 12:01 a.m. on the ea	rller o
ated October 10th	, 2019			
	gyprode			
	· <i>U</i>			
	Signature of a member or author	rized representative of a me	ember	

Page 3 of 3

Filing Fee: \$25.00