

L19000126415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

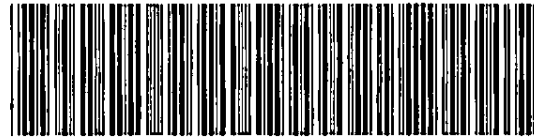
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 13 AM 8:28
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A. RIVERS

JAN 03 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Loan Doctor LLC
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:

Adyari Avila
Name of Person

The Loan Doctor LLC
Firm/Company

936 SW 1st Ave #990
Address

Miami FL 33130-4520
City/State and Zip Code

adyarimorales@yahoo.es
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adyari Avila at (786) 343-8837
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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**

The Loan Doctor 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 5/9/2019 and assigned
Florida document number L19000126415

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

936 SW 1st Ave #990
Miami FL 33130-4520

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

936 SW 1st Ave #990
Miami FL 33130-4520

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:

Adyari Avila

New Registered Office Address:

936 SW 1st Ave #990
Enter Florida street address
Miami Florida 33130-4520
City State 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.

Adyari Avila

If Changing Registered Agent, Signature of New Registered Agent

STATE
21 DEC 2019
4:28 PM

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>
AMBR	Jorge Alberto Anila	221 SW 12 th St #917	<input checked="" type="checkbox"/> Add
		Miami FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter Witte	1900 SW 8 th St #1011	<input checked="" type="checkbox"/> Add
		Miami FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 11, 2021.

x 
Signature of a member or authorized representative of a member

Ivan L Goldsmith
Typed or printed name of signee