

L19000126415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

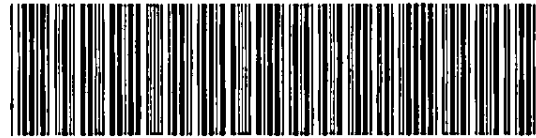
(Business Entity Name)

(Document Number)

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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 1<sup>st</sup> 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

936 SW 1<sup>st</sup> Ave #990

Miami FL 33130-4520

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

936 SW 1<sup>st</sup> 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 1<sup>st</sup> Ave #990

Enter Florida street address

Miami

City

Florida

33130-4520

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  
DEC 21 8:28

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