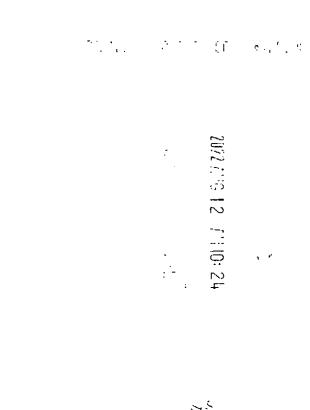
La Julia 1920

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

Office Use Only



800391813858





8/15/2022

COVER LETTER

TO: Registration So Division of Cor					
	roperty Solutions LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ryan Whitfield				
		Name of Person			
		Firm/Company			
	1051 Alameda Dr				
		Address			
	Tallahassee, FL 32317				
		City/State and Zip Code			
	whitfieldrk@gmail.com	to be used for future annual report no	tiffication)		
For further information of	e-mail address: (concerning this matter, please c		ancatony		
Ryan Whitfield		850 597-0213			
Name c	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he 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 Addres		Street Address: Registration S	ection		
Registration Section Division of Corporations		•	Division of Corporations		
P.O. Box 632	27	The Centre of			
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 12 AUT 10: 24

Big Bend Property Solutions LLC		
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our recordida Limited Liability Company)	<u>ds.</u>)
•		
he Articles of Organization for this Limited Liability	Company were filed on 01/07/2021	and assigned
lorida document number L21000020920	.	
his amendment is submitted to amend the following:	:	
a. If amending name, enter the new name of the li	imited liability company here:	
UNSTATE LENDING LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office addr <u>ess MUST BE A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		a ea ca
 If amending the registered agent and/or registe gent and/or the new registered office address here 		r the name of the new regist
gent and/or the new registered office address nerv	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	F	lorida
	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 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
AMBR	Tanner Clemons	1051 Alameda Dr	
		Tallahassee, FL 32317	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			Change
		<u> </u>	
			□Remove
			□Change
			□Remove
			Change

_	
_	
-	
_	
Note: If	e date, if other than the date of filing:
ne record : ord is filed	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 d.
Dated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member of authorneed representative of a member

Filing Fee: \$25.00