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. (Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			~			
DEC LEND	ING LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for tiling.				
Please return all correspoi	ndence concerning this matter	to the following:				
	EDDIE HERNANDEZ					
		Name of Person		-		
	DEC LENDING			. ~		
		023 SEC	_			
	AUG 7	4 44.5				
		Address		12 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Î.	
	DORAL, FL 33166			PH I	,	
	cddie@declending.com	City/State and Zip Code		2023 AUG 28 PH 4: 36 SECRETARY OF STATE TALLAHASSEE, FL		
	E-mail address: (to be used for future annual report no	tification)			
For further information co	oncerning this matter, please co	all:				
EDDIE HERNANDEZ		305 697-7211				
Name of	Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for th	e following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	cate of Status &		
Mailing Address		Street Address:	action			
Registration S Division of Co		Registration S Division of Co				
P.O. Box 632		The Centre of				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEC LENDING LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 03/17/2021 and assigned
Florida document number L21000111117	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SE
(Principal office address MUST BE A STREET ADDRESS)	ALE OF
	PA 28
	PH FT
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	· FR
B. If amending the registered agent and/or registered office ad	dress on our records enter the name of the annual to
agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of N. D. Co.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
N. B. C. A. C.	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
MGR	EDUARDO HERNANDEZ	3785 NW 82ND AVE STE 304 DORAL, FL 33166	_
			≅Remove
MIGR	THE DEC GROUP LLC	3785 NW 82ND AVE STE 304 DORAL, FL 33166	□Change ■Add
		SECRETARY OF STATE	Remove Remove Remove Remove
			_ □Change _ □Add
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an effective date is listed, the date rote: If the date inserted in this ocument's effective date on the	must be execific and	connect be as as	to date of filing o				suant to (505.020
ocument's effective date on the	Department of St	tate's records.	able statutory in	mg requiremen	ts. this da	te will	not be i	isted a
ecord specifies a delayed effect is filed.	tive date, but not a	an effective tir	me, at 12:01 a.r	n, on the carlier	of: (b) = 1	The 90	th day a	fter the
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	Signature of a m							

Filing Fee: \$25.00