## KZ1000161781

| (Re                       | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Ad                       | dress)            |           |
| (Ad                       | dress)            |           |
| (Cit                      | y/State/Zip/Phone | e #)      |
| PICK-UP                   | WAIT              | MAIL      |
| (Bu                       | siness Entity Nam | ne)       |
| (Do                       | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to I | Filing Officer:   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |





700367432467

06/04/21--01010--011 \*\*25.00

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |   |
|--|--|---|---|
| SUBJECT:Ame                              | rica's Lender                                | 110   |   |
| Sobject                                  | Name of Lim                                  | ited Liability Company  | <del></del>                                   |
|  |  |   |   |
|  |  |   |   |
| The enclosed Articles of A               | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspor              | ndence concerning this matter                | to the following:   |   |
|  |  |   |   |
|  | Rusavines                                    | Curbelo<br>Name of Person                                     |   |
|  | 1,000,4116                                   | Name of Person  |   |
|  |  |   |   |
|  |  |   |   |
|  |  | Firm/Company  |   |
|  | 4816 NW 7                                    | 9 AVE, STE 8  |   |
|  | <u> </u>                                     | Address   |   |
|  |  |   |   |
|  | Miami, FL                                    | 331 66<br>City/State and Zip Code                             |   |
|  |  | City/State and Zip Code                                       |   |
|  | rcurbelo@rlbfin                              | ancialservices, com to be used for future annual report notif |   |
|  | E-mail address: (                            | to be used for future annual report notif                     | ication)                                      |
| For further information co               | ncerning this matter, please ca              | all:  |   |
| 0  |  |   |   |
| Rosaynes Cur                             | rbelo  | at (78 φ) 309 -0<br>Area Code Daytime                         | 1945  |
| Name of                                  | Person                                       | Area Code Daytime   | : Telephone Number                            |
| Enclosed is a check for the              | r following amount:                          |   |   |
|  | <del>-</del>                                 | _   |   |
| S \$25.00 Filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy                         | ☐ \$60.00 Filing Fee, Certificate of Status & |
|  | continue of Status                           | (additional copy is enclosed)                                 | Certified Copy                                |
|  |  |   | (additional copy is enclosed)                 |
|  |  |   |   |
| Mailing Address                          | <u>:</u>                                     | Street Address:   |   |

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

| America's Lender 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 04/07/2021  Florida document number L31000161781                                  | and assigned         |
| This amendment is submitted to amend the following:   |                      |
| A. If amending name, enter the new name of the limited liability company here:  |                      |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a   | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |                      |
| Principal office address MUST BE A STREET ADDRESS)  |                      |
|   |                      |
| nter new mailing address, if applicable:  |                      |
| Mailing address MAY BE A POST OFFICE BOX)   |                      |
|   |                      |
| . If amending the registered agent and/or registered office address on our records, <u>enter the nan</u><br>gent and/or the new registered office address here: | ne of the new regist |
| Name of New Registered Agent:   | <u> </u>             |
| New Registered Office Address:  |                      |
| Enter Florida street address  | <u>.</u>             |
| , Florida   |                      |
| City  | Zip Čolle            |
| ew Registered Agent's Signature, if changing Registered Agent:  | 12                   |

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> | Name            | Address             | Type of Action  |
|--------------|-----------------|---------------------|-----------------|
| AMBR         | BEATRIZ YASALLD | 4815 NN 79 AVE SIEB | 🗆 Add           |
|              |                 | Miami, FL 33/66     | <b>⊠</b> Remove |
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| If an effecti<br><u>Note:</u> If i | ive date is listed.<br>the date inserte | r than the da<br>the date must be<br>ed in this block<br>te on the Depar | specific and does not m | cannot be pricet the appl             | icable statuti | ling or more th | (option<br>an 90 days after f<br>uirements, this | nal)<br>iling.) Pursuant to<br>date will not be | 605.0207<br>listed as |
| e record sp<br>rd is filed.        | pecifies a delay                        | yed effective da   | ite, but not            | an effective                          | time, at 12:0  | 01 a.m. on the  | earlier of: (b)                                  | The 90th day                                    | after the             |
| Dated                              | May 2                                   | LI<br>Cuelos<br>Ser  |                         | 202                                   | <u> </u>       |                 |  |   |                       |
|                                    |   |  | _                       |                                       |                |                 |  |   |                       |
|                                    |   | saynes_  | nature of a m           | nember or aut                         | horized repres | entative of a n | ıcmber   |   | -                     |