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T. MATTHEWS

DEC 17 2021

COVER LETTER

TO: Registration So Division of Cor			
Plus Lendi SUBJECT:	ng LLC	•	• •
SUBJECT;	Name of Lin	nited 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:	
	Jacqueline Quiroga		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5511 Parkcrest Drive STF	103	
		Address	
	Austin, Texas, 78731		
	-	City/State and Zip Code	
	fulfillment@zenbusiness.co		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	iffication)
Jacqueline Quiroga c/o 2		844 493-6249	
Name o	d Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	l'allahassee
Tallahassee, l	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION 6 PX 3: \2 OF

Plus Lending LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 09/17/2021 and assigned				
lorida document number 1.21000412476					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1355 Alton Rd				
Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139				
Enter new mailing address, if applicable:	1355 Alton Rd				
Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL 33139				
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new regist				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Florida City Ziv 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 21050-5 Fit 3: 12	Type of Action
AMBR	Marcos Sacal Bettech	1355 Alton Rd	
		Miami Beach, FL 33139	□Remove
			■ Change
			
			□ Remove
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Effective date, if other is listender of the date is listender. If the date insended document's effective	d, the date must be sited in this block of	pecific and ca loes not mee	mot be prior	able statutoi	ng or more th	m Officiance of	otional) ter filing.) his date w	Pursuant to 6 /ill not be li	405.0207 isted as
record specifies a de d is filed.	ayed effective dat	e, but not an	effective til	me, at 12:01	l a.m. on the	earlier of:	(b) The	90th day at	ier the
Dated December 2nd		·	2021	·					
			1arcos Sa						
	Sign	iture of a men	nber or autho	rized represe	ntative of a m	ember			