## L21000451061

(R	equestor's Name)	
(A	ddress)	<u>.</u>
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer.	
	<u> </u>	

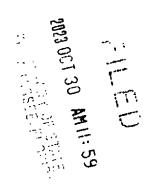
Office Use Only



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LLC Amend

10/02/23--01022--014 \*\*75.00



A. RAMSEY NOV -6 2023

## COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

orporations		
D LENDING GROUP, LLC		
Name of Lin	ited Liability Company	
of Amendment and fee(s) are sub	omitted for filing.	
pondence concerning this matter	to the following:	
Omer Bader		
	Name of Person	
SECURED LENDING GF	ROUP, LLC	
	Firm/Company	
359 LANTERNBACK ISI	AND DRIVE	
	Address	
SATELLITE BEACH, FL	32937	
	City/State and Zip Code	
baderfine@aol.com		
		fication)
concerning this matter, please c	all:	
	305 310-1018	
of Person	Area Code Daytim	e Telephone Number
the following amount:		
□ \$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)
Section	Street Address: Registration Sec	
•		•
	Omer Bader  SECURED LENDING GE  359 LANTERNBACK ISI  SATELLITE BEACH, FL  baderfine@aol.com  E-mail address: (  concerning this matter, please c  of Person  the following amount:  □ \$30.00 Filing Fee &	D LENDING GROUP, LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  condence concerning this matter to the following:  Omer Bader  Name of Person  SECURED LENDING GROUP, LLC  Firm/Company  359 LANTERNBACK ISLAND DRIVE  Address  SATELLITE BEACH, FL 32937  City/State and Zip Code  baderfine@aol.com  E-mail address: (to be used for future annual report notice concerning this matter, please call:  at (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 30 AMIL: 59

SECURED LENDING GROUP, 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 and as	ssigned
Florida document number L21000451061	
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.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the no	·w registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	· • · · · · · · · · · · · · · · · · · ·
Enter Florida street address	
, Florida	
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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi	ith and cument is

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
President	Rathbun, Schuyler	359 LANTERNBACK ISLAND DRIVE	
		SATELLITE BEACH, FL 32937	■Remove
			□ Change
			□Add
			□Remove
			□ Change
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e <mark>ctive dat</mark> effective da	e, if other thate is listed, the	ian the da date must be	te of filing	g: I cannot be	prior to date	of filipe or m	ore than 90 i	(option days after fi	1 <b>al)</b> iling.) Pursoa	nt to 605.020
e: If the c	late inserted in	n this block	does not n	neet the ap	plicable st	atutory filin	g requirem	ents, this	date will not	be listed as
ument's el	Tective date o	in the Depa	rtment of S	state's recu	ords.					
cord speci: s filed.	ies a delayed	effective da	ate, but not	an effecti	ve time, at	12:01 a.m. o	on the earli	er of: (b)	The 90th c	lay after the
Octobe	r 24th			2023						
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	( )	$\searrow$	<u> </u>	$\nu_{\mu}$						
		Sig	nature of a	member or	authorized r	epresentative	of a membe	r		

Filing Fee: \$25.00