## L22000 415834

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2022 OCT -4 PM 3: 10 SECRETARY OF STATE TALLAWAYSEE, FA

## **COVER LETTER**

TO: Registration So Division of Cor		~			
•	VENTURE LLC			•	
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Hernan Duarte				
		Name of Person			
	LENDING VENTURE LE	.C			
	Firm/Company				
	5551 Shasta Daisy Pl			2022 OCT -4 PM 3: 10 SECRETARY OF STATE TALLAHASSEE, FL	=
			1.		
	Land O Lakes, FL 34639			OCT -4 P	
	lendingventurelle@gmail.e	City/State and Zip Code		E S S	1
•		to be used for future annual rep	ort notification)	- TE	
For further information c	concerning this matter, please c	all:			
Hernan Duarte		305 250 8	125		
Name o	of Person	at () Area Code	Daytime Telephone Number		
Time v			, and toopholo		
Enclosed is a check for ti	he following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (	e of Status &	
Mailing Addres		Street Addi			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of L22000415834	were filed on September 23, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022 OCT SECRETA
Enter new mailing address, if applicable:		#25 - 17 500 P 17
(Mailing address MAY BE A POST OFFICE BOX)		TOTAL TOTAL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	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	LENDING CAPITAL ASSET, ELC	19046 Bruce B. Downs Blvd, #1267	□Add
		TAMPA, FL 33647	
			<b>■</b> Renюve
			□ Change
MGR	HOLDING FLORIDA REAL ESTATE LLC	5551 Shasta Daisy PI	
		LAND (ALARTIE DE 24620	<b>≅</b> Add
		LAND O LAKES, FL 34639	□Remove
			□Change
			S. <b>E</b> Add
			2002 OC TREMENTALLA IA
			OCTAL PHONEST
			SSE BChange
			E STATE BAdd
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Ti Chana

Typed or printed name of signee