

L23000049311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

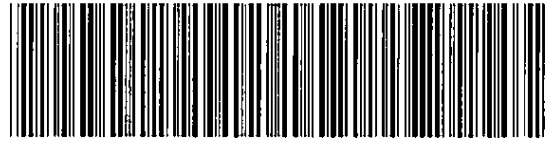
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/04/23--01017--024 **25.00

2023 DEC -4 AM 10:55

cf 12/11/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE LENDER AVENGERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATHAN FAIN

Name of Person

Firm/Company

3390 ARIZONA DR

Address

PENSACOLA, FL 32504

City/State and Zip Code

lenderavengers@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATE FAIN

850 503-8995

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

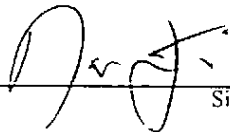
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MISERENDINO, JENNIFER	2015 AYRSLEY TOWN BLVD	<input checked="" type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		CHARLOTTE, NC 28273	<input type="checkbox"/> Change
MGR	BEST, ARIELLE	2015 AYRSLEY TOWN BLVD SUITE 202	<input type="checkbox"/> Add
		CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 08/01/2023 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 20, 2023


Signature of a member or authorized representative of a member

Nathan Fain
Typed or printed name of signee