L23000111443

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S. ROBERTS
MAY 1 1 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LENGU MOYTGAGE
Name of Unnited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sammy Takieddine Name of Person
Lendumortgage IIU
4532 W Kennedy Blyd Syite 530
Tampa, FL 33609 CityState and Zip Code
Sammy 33 to 09 © 9 Mail. Long. E-njail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAYOF PAKEY at (2/3) L90 - D13 L Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lendy Mortgagi (Name of the Limited Light)	ility Company as it now appears of	on our records.)	
The Articles of Organization for this Limited Liability Florida document number 12300011143		(-)	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the light the new name must be distinguishable and contain the words "Light the new name must be distinguishable and contain the words "Light the new name must be distinguishable and contain the words."			· ·L.L.C."
Enter new principal offices address, if applicable:			3
Principal office address MUST BE A STREET ADI	ORESS)	· · · · · · · · · · · · · · · · · · ·	·
			
Enter new mailing address, if applicable:		_	
Mailing address MAY BE A POST OFFICE BOX)		r	. <u>.</u>
			<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our reco :	ords, <u>enter the name of the n</u>	<u>ew registere</u>
Name of New Registered Agent:			
New Registered Office Address:			. <u></u> .
	Enter Florida	street address	-
	City	, Florida Zip Cod	
	Cay	zip Cod	£*

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Name</u>	<u>Address</u>	Type of Action
		□Add
		□Remove
		□Change
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		□Remove
	Name	

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Note:	ive date, if other than the date of filing: (optional) fective 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nearly seffective date on the Department of State's records.
	rd 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
e recol rd is fi	led.
rd is fi	3/14/2023
rd is fi	