# L23 000 130 226

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP		MAIL
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(Do	cument Number)	
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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### **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations .		
	Lending, LLC		
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Melissa Betancourt		
	Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  asse return all correspondence concerning this matter to the following:    Melissa Betancourt		
Address			
	Orlando, FL 32801		
		City/State and Zip Code	
	•	-	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please co	a11:	
Melissa Betancourt			
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		_	
	•		-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Betancourt Lending, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	<del></del>
The Articles of Organization for this Limited Liability Company we	ere filed on 3/14/2023	and assigned
lorida document number L23000130226		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	v company here:	
Silver Rock Lending, LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	r the abbreviation "L.L.C."
Natural Control of Con		
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS)		- 12
_		
		1
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. <u>.</u> »
		• •
-		
No. 16 No	J	a mama of the new yearis
<ol><li>If amending the registered agent and/or registered office addigent and/or the new registered office address here:</li></ol>	iress on our records, <u>enter th</u>	e name of the new regis
gent and/or the new registered office address here.		
Name of New Registered Agent:		
N. B. S. JOSE All		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Flori	
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
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			□Remove
			□Change
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	,		□Remove
			□Change
			□Add
		<del></del>	□Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change

## Page 2 of 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(If an ei Note:	ve date, if other than the date of filing:	5.0207 (3 ed as th
the re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
Dated	August 19th . 2024	
	Signature of a member authorized representative of a member	

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