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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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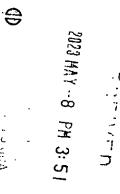
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2023 MAY -8 AM II: 45
SECRETARY OF STATE
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FLORIDA CAPITAL COURIER SERVIC	CES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this acc	ount: 20210000160: \$25.00
Authorization Signature:	anestelle:
LENDING EXPERTS ESTATES,	LLC L23000170656
BUSINESS NAME	DOCUMENT #
Certified Copy of Articles of O	rganization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability Domestication	Change of Registered Agent
Other	Revocation of Dissolution Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
APOSTILLE Country EXAMINER'S INITIALS:	Other

FLORIDA CAPITAL COURIER SERVICES, INC	
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this account:	20210000160: \$25.00
Authorization Signature:	In tale:
LENDING EXPERTS ESTATES, LLC	L23000170656
BUSINESS NAME DOCU	JMENT #
Certified Copy of Articles of Organizat	ion
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
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Limited Liability	Change of Registered Agent
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EXAMINER'S INITIALS:	

COVER LETTER

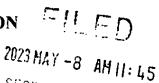
TO:

Registration Section
Division of Corporations

LENDING EXPERTS ESTATES, LLC SUBJECT: _ 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: Andrea Genden, Esq. Name of Person The Elias Law Firm, PLLC Firm/Company 15500 New Barn Road, Suite 104 Address Miami Lakes, Florida 33014 City/State and Zip Code dayana@lendingexpertsusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrea Genden Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, **■ \$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**



LENDING EXPERTS ESTATES, LLC

(Name of the Limited Liability Company as it now appears on our records DEE, FLARY (IF CARRY) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L23000170656</u> .	were filed on April 4, 2023 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1911 NW 150th Ave	
Principal office address MUST BE A STREET ADDRESS)	Suite 102	ne abbreviation "L.L.C."
	Pembroke Pines, FL 33028	
Enter new mailing address, if applicable:	1911 NW 150th Ave Suite 102	
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, FL 33028	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere	<u>d</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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
			□Remove
			□Change
			□Remove
			□Change
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			□ Change

amen	ding any other informa	ation, enter change(s) he	re: (Attach addition	nal sheets, if necess	sary.)
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an effect lote: If	the date inserted in this b	e date of filing: ust be specific and cannot be priculock does not meet the application of State's record	icable statutory filing	c than 90 days after fi requirements, this d	ling.) Pursuant to 605.020
record : l is filed	· · · · · · · · · · · · · · · · · · ·	ve date, but not an effective	time, at 12:01 a.m. of	n the earlier of: (b)	The 90th day after the
ated _	May 5	, 2023	·		
		Dayana Ru Signature of a member or aut	uz		
		Signature of a member or aut	Herized representative of	of a member	
	Davana Puin				
	Dayana Ruiz	Toward Samuel	nted name of signee		

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