L23000519885

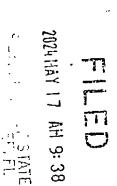
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			•		
Lending Lac			•		
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspor	ndence concerning this matter to	o the following:			
	Kevin Strickler				
		Name of Person			
	Lending Ladies LLC				
	-	Firm/Company			
	11 Carson Ave				
		Address			
	Babson Park, FL 33827				
		City/State and Zip Code			
	lendingladieslle@gmail.com		<u> </u>		
		o be used for future annual report noti	neation)		
For further information c	oncerning this matter, please ca				
Kevin Strickler		813 728-7114 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632	-	The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lending Ladies LLC		$\mathcal{F}_{I_{s}}$
(<u>Name of the Limited Liabili</u> (A Floridi	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000519885</u>	Company were filed on 11/17/2023	2024 HAY 17 and assigned 38
This amendment is submitted to amend the following:		1035. F.
A. If amending name, enter the new name of the lim		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	lorida
	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>	<u>Name</u>	Address	Type of Action
AMBR	Victoria G Strickler PA	11 Carson Ave	
		Babson Park, FL 33827	≣Remove
			□Change
AMBR	Kevin Strickler	11 Carson Ave	= Add
		Babson Park, FL 33827	□Remove
		•	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not r	neet the applic	able statutory fi	r more than 90 day ling requiremen	(optional) s after filing.) Pur ts, this date will	suant to 605,0207 not be listed as
cord specifies a delayed effect s filed.				n. on the earlier	of: (b) The 90	th day after the
May 13		2024				
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