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COVER LETTER

TO: Registration Section Division of Corporations

APPROACH LENDING LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Davis

Name of Person

Approach Lending

Firm Company

6305 KINGSTON PIKE

Address

Knoxville, TN 37919

City State and Zip Code

chris@approachlending.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$69.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ТО **ARTICLES OF ORGANIZATION OF**

APPROA	CH LENDING LLC		
(<u>Name of the Limited Liability Compa</u> (A Horida Limited	i <mark>ny as it now appears.</mark> Liability Company)	on our records.)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000257481</u> .	were filed on	06/05/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	<u>r</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abt	reviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BON)</u>	N/A) PH12: 32
			•

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
<u>Her Registered Office (dates)</u> .		Enter Florida street address	
		, Florida _	
	Cu	I	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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. Thereby 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

PICIN =	manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
AMBR	AZ Bulldawg Investments	8160 E BUTHERUS DR.	
	Limited Partnership	Suite 4	[]Remove
		Phoenix, AZ 85260	DChange
AP	Christopher W. Davis	6305 Kingston Pike	
		Knoxville, TN 37919	
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E. Effective date, if other than the date of filing: _________________________________(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.

September 3 Dated ____

Christopher W. Davis, General Partner of AZ Bulldawg Investments LP & Authorized Persor