# U2400038346A

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	





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JANE SECTIONS STATE

## **COVER LETTER**

	Filing Section sion of Corporations		
SUBJECT:	AFC Consulting LLC dba	Remote Lender	
SOBJECT.	Name of	Limited Liability Company	<del></del>
The enclosed	Articles of Organization and fee(s	) are submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
		Fernando Corona	
_		Name of Person	
		AFC Consulting LLC	
_		Firm/Company	
	87	9 West 190th Street, Suite 400	
		Address	
		Gardena, CA 90248	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
<del></del>	E mull uddenn (se be u	fernando@myremotelender.com	· · · · · · · · · · · · · · · · · · ·
		sed for future annual report notificati	ou)
For further info	rmation concerning this matter, pl	ease call:	
	Fernando Corona at	÷1 (616)714-2440	
_	Name of Person	Area Code Daytime Telephone	e Number
Enclosed is a	check for the following amount:		
□\$125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of Status	2 & □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Di The Centre of Tallaha	
	Division of Corporations P.O. Box 6327	2415 N. Monroe Stree	
	Tallahassee, FL 32314	Tallahassee, FL 3230	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	AFC Consulting LLC	
	(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II The mailing a	- Address: ddress and street address of the principal office of th	e Limited Liability Company is:
	<b>Principal Office Address:</b>	Mailing Address:
	070 100.1	879 West 190th Street, Suite 400
	879 West 190th Street, Suite 400	

The name and the Florida street address of the registered agent are:

Registere	ed Agents Inc. Name	
7901 4th St	N STE 300 PIN	NELLAS COUNTY
Florida street address	(P.O. Box NOT	acceptable)
St. Peter	sburg, FL,	33702
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..

Registered Agrand School (REQUIRED)

(CONTINUED)

Just the 53 be con Services

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMRD" = A	Authorized Member	
'MGR" = Ma		
<u>CEO</u>	Fernando Corona 879 West 190th Street, Suite 400	<del></del>
	Gardena, CA 90248	
		<del></del>
V: Effective tive date is l filing.)	red in this block does not meet the applicable statutory filing requirements, this da	r to or 90 (
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# Remote Lender

## By Certified Mail - Return Receipt Requested

## Fernando Corona

CEO - Remote Lender 879 West 190th Street, Suite 400 Gardena, CA 90248 +1(626)714-2440 fernando@myremotelender.com

JINIS OF SERVING STATE



## Secretary of State Amendment to Articles of Organization of a **Limited Liability Company (LLC)**

Č	Secretary of State	LLC-2			
1	Amendment to Articles of	<u> </u>			
===	Organization of a				
Certified	Limited Liability Company (LLC)		1315		
	IMPORTANT — Read Instructions before completing this form.			_	
0			Secretary of	State	
Copy	Filing Fee - \$30.00		State of Cali:	fornia	1
	Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00		08/31/2021		
eret py o					l
th ce	Note: You must file a Statement of Information (Form LEC-12), to chan business address(es) of the LLC or to change the name or address of the LLC or to change the name of the		Filing Date		
or it	manager(s) and/or agent for service of process, which can be filed onlin				
hereby certify that oppy of the original	ficbizfile.sos.ca.gov/Si.		Above Space For Office	e Use Only	,
I hereby certify that the following transcript of page(s) is a full, true, and c copy of the original record in the custody of the California Secretary of State's	LLC Exact Name (Enter the exact name on file with the California Sec.)	retary of State.)			
å <u>≥</u>		· · · · · · · · · · · · · · · · · · ·			
following ord in the	ARE DEODEDTY MONTH O				
10 tr	A&F PROPERTY MGMT LLC				
ans					
transcript custody o	2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity	(File) Number issi	ued by the California Secretary of State	e.)	
\$ C					
္ထီ  -	2 0 2 1 0 2 7 1 1 0 5				
pag	3. New LLC Name (If Amending) (See Instructions – List the propose	rd I.I.C. name exac	thy as it is to annear on the records of t	the Californi	а
page(s) is lifornia Se			identifier such as LLC or L.L.C. "LLC"		
is a	madou,				
etar full	AFC Consulting LLC				
full, true, etary of S	<b>3</b>				
State	4. Management (If Amending) (Select only one box)				
8 6				<del></del>	
correct 's office.	The LLC will be managed by:				
9 ~	One Manager More than One	Manager	All LLC Member(s)		
09/02/2021 Certification Date	5. Purpose Statement (Do not alter Purpose Statement.)				
9/02 Figa	The purpose of the limited liability company is to engage in an	v lawful act o	r activity for which a limited lia	ability com	noany
09/02/202 rtification I	may be organized under the California Revised Uniform Limited			,	,
Dak	E Additional Amendmental ast fasts as attached assess if as				
	<ol> <li>Additional Amendment(s) set forth on attached pages, if an Form LLC-2. (All attachments should be 8% x 11, one-sided, legible and of</li> </ol>	iy, are incorpo: dearly marked as	rated nerein by reterence and r an attachment to this form LLC-2.)		Lor this ≦∽
J. 150		-	•	-Care	3.5 ∃3.5 1.3
12	Signature			憲	13
	By signing, I affirm under penalty of perjury that the information I	nerein is true a	nd correct and that I am author	rized by	·52
₹	California law to sign.	C44	Conith		. JE
SHIRLEY N.	Leath Anth	<b>30011</b>	Smith	 	.보드
음고	Sign here	Print your	r name here	ं्र	

LLC-2