

M16000 000929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

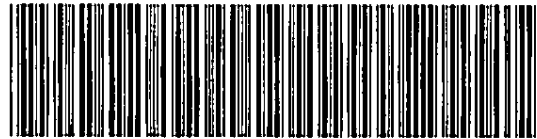
(Document Number)

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01/01/2011 11:00:00

22 AUG 30 AM 10:30  
DIVISION OF CORPORATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1<sup>st</sup> AMERICAN Lending LLC.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARDO D. SUAREZ

Name of Person

1<sup>st</sup> AMERICAN Lending LLC.

Firm/Company

12401 ORANGE DRIVE Ste. 129

Address

DAVIE, FLORIDA 33330

City/State and Zip Code

rick@1<sup>st</sup>american/END.COM

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

For further information concerning this matter, please call:

RICHARDO SUAREZ

Name of Person

at ( 973 ) 439-0400

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2011 AUG 30 AM 10:30  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 1<sup>st</sup> AMERICAN LENDING LLC.

Enter new principal office address, if applicable:

12401 ORANGE DRIVE STE. 129

(Principal office address

MUST BE A STREET ADDRESS)

DAVIE, FLORIDA 33330

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

SAME AS ABOVE

2. The Florida document number of this limited liability company is:

M16000000929

3. Jurisdiction of its organization:

NEW JERSEY

4. Date authorized to do business in Florida:

FEB. 4, 2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company:

N/A

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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:

RICARDO SUAREZ

New Registered Office Address:

12401 ORANGE DRIVE STE. 129

Enter Florida Street Address

DAVIE

Florida

33330

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.*

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

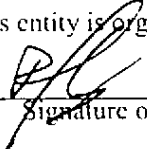
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

22 AUG 30 AM 10:30  
DIVISION OF CORPORATIONS  
REMOVE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

RICARDO SUAREZ  
Typed or printed name of signee

Filing Fee: \$25.00