

M20000004249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600345699586

06/04/20--01020--016 **60.00

2020 JUN -4 AM 7:18

2020 JUN -4 PM 3:15

RECEIVED
TALLAHASSEE, FLORIDA

O SIMMONS

JUN 05 2020

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED NAME CHANGE AMENDMENT FOR:

LENDING2U, LLC

PLEASE RETURN A CERTIFIED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 8684 FOR: \$60.00

THANK YOU!

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

2020 JUL -4 AM 7:19

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: LENDING4U, LLC

Enter new principal office address, if applicable: 8950 SW 74th CT., SUITE 1901

(Principal office address

MUST BE A STREET ADDRESS)

MIAMI, FL 33156

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

8950 SW 74th CT., SUITE 1901

MIAMI, FL 33156

2. The Florida document number of this limited liability company is: M20000004249

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MAY 5, 2020

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

5. New name of the limited liability company: LENDING2U, LLC
(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: N/A

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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 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)(c), 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
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> 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

ALFREDO R. TAMAYO

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "LENDING4U, LLC",
CHANGING ITS NAME FROM "LENDING4U, LLC" TO "LENDING2U, LLC",
FILED IN THIS OFFICE ON THE SECOND DAY OF JUNE, A.D. 2020, AT
2:15 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7941561 8100
SR# 20205442727

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203035416
Date: 06-02-20

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: LENDING4U, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

to amend its name as follows:

LENDING2U, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 2nd day of June, A.D. 2020.

By: 
Authorized Person(s)

Name: ALFREDO R. TAMAYO
Print or Type