## M20000004249

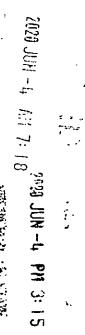
(Re	equestor's Name)	
(Ac	idress)	<u>.</u>
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Centificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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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 GODD 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 JUH -4 Alt 7: 19

SECTION	N I (1-4 must be completed)		
1. Name of limited liability Company as it appear	rs on the records of the Florida Department of	f - E	
State: LENDING4U, LLC		<del></del>	
Enter new principal office address, if applicable:	8950 SW 74th CT., SUITE 1901		
(Principal office address	MIAMI, FL 33156		
MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	8950 SW 74th CT., SUITE 1901		
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	MIAMI, FL 33156		
2. The Florida document number of this limited lie	ability company is: M20000004249		
3. Jurisdiction of its organization: DELAWARE		······	
4. Date authorized to do business in Florida: MA	Y 5, 2020	<del></del>	
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company:	LENDING2U, LLC		
(mus	st contain "Limited Liability Company, " "L.	L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	anaging members adopting the alternate name		
6. If amending the registered agent and/or register registered agent and/or the new registered office a		ame of the new	
Name of New Registered Agent: N/A			
New Registered Office Address:			
	Enter Florida Street Addr	'ess	
	, Florida	Zip Code	
	City	Zip Cixic	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capacity. I further r and complete performance of my duties, and stered agent as provided for in Chapter 605, I e in the registered office address, I hereby cor	d I am familiar with F.S. Or, if this	

7. If the amendment of N/A	changes the jurisdiction of organize	ation, indicate new jurisdiction:	
8. If the amendment of N/A	changes person, title or capacity in a	وران الکارین ccordance with 605.0902 (۱)(e), indicate	
Title/ Capacity	<u>Name</u>	Address	Type of Action
		<del></del>	□Add
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aforementioned an	ficate, if required: no more than 90 nendment(s), duly authenticated by the law of which this entity is orga	the official having custody of records	☐Remove
	_	the authorized representative	
	ALFREDO R. TAMAYO		
	Typed or prir	nted 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.



Authentication: 203035416

Date: 06-02-20

7941561 8100 SR# 20205442727

State of Detaware
Secretary of State
Division of Corporations
Delivered 02:15 PM 06/02/2020
FILED 02:15 PM 06/02/2020
SR 20205442727 - File Number 7941561

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	ts name as	follows		
co amend .	LENDING2U,		•	
	WHEREOF, the	_		
	WHEREOF, the	_		
		_		
		_		