

M22 00000 9928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

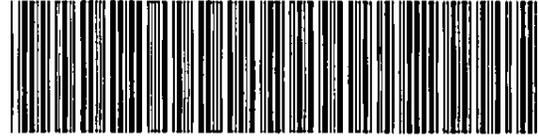
(Business Entity Name)

(Document Number)

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FILED
2022 JUL -5 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

OCT - 6 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debbie Lending LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARION T. LYDON

Name of Person

MCGLINCHEY STAFFORD

Firm/Company

601 POYDRAS ST., SUITE 1200

Address

NEW ORLEANS, LA 70130

City/State and Zip Code

mlydon@mcglinchey.com

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

For further information concerning this matter, please call:

Marion Lydon

504 654-1132
at ()

Name of Person

Area Code

Daytime Telephone Number

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)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Debbie Lending LLC

2022 JUN -5 PM 4:31

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL
and assigned-

The Articles of Organization for this Limited Liability Company were filed on 06/17/2022

Florida document number M12200009928.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Note, change is adding "1557" to suite number. Thx)

(Principal office address MUST BE A STREET ADDRESS)

1000 Brickell Avenue, Ste. 715 -1557

Miami, FL 33131

Enter new mailing address, if applicable:

1000 Brickell Avenue, Ste. 715 -1557

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33131

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:

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

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
AMBR = Authorized Member

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