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(R€	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

	Loan Inheritance, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dale Hersey		
		Name of Person	
	Advanced Loan Inheritanc	e, LLC	
		Firm/Company	
	525 S Flagler Drive, Suite	500	
	·	Address	
	West Palm Beach, FL 3340	01	
	**	City/State and Zip Code	
	dale.hersey@advancedinher		
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Dale Hersey		561 246-0017 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

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

ADVANCED LOAN INHERITANCE, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Ltability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on AUGUST 30, 2018	and assigned
Florida document number L18000208514	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
INHERITANCE ADVANCED, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE <u>A STREET ADDI</u>	RESS)	
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		ASS
Enter new mailing address, if applicable:		me ·
Mailing address MAY BE A POST OFFICE BOX)		25 25 25 25 25 25 25 25 25 25 25 25 25 2
		<u> </u>
B. If amending the registered agent and/or registere	d office address on our records, <u>enter the n</u> e	
agent and/or the new registered office address here:	-	
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cirv	Zip Code

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>	Address	Type of Action
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	(Dr.) (G)
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or m	ore than 90 days after filing.) Pursuant to 605.
te: If the date inserted in this block does not meet the applicable statutory tiling ument's effective date on the Department of State's records.	g requirements, this date will not be liste
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after
s filed.	
MARCH 10 2020	
ed MARCH 10 2020	
T 201 H 1	
Signature of processor or authorized representative	of a member

Filing Fee: \$25.00