Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BUSINESS LAW GROUP, P.A.

blawgroup. com

Account Number : I20110000022

mvalenti

: (813)379-3804

Phone

Fax Number

: (813)221-7909

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LM FUNDING, LLC

> Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00

> > T. BUNGA OFFE 2 3 2014

813 221 7909 >>

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COVER LETTER

	Registration So Division of Co								
SUBJEC	LM Funding, LLC								
SOBJEC	Name of Limited Liability Company								
The encl	osed Articles of	Amendment and fee(s) are sub	phmitted for filing						
		ondence concerning this matter	•						
		Margo T, Valenti, Fi	RP						
			Name of Person						
		Business Law Grou	ıp, P.A.						
			Firm/Company						
		301 W. Platt St., #3	75						
			Address						
		Tampa, Florida 336	306						
		mvalenti@blawgroup	City/State and Zip Code						
		• •	(to be used for future annual report notification)						
For furth	er information c	oncerning this matter, please c	call:						
Margo	T. Valenti, F	RP	813 379-3804 ext. 626						
	Name o	f Person	813 379-3804 ext. 626 Area Code Dayrime Telephone Number						
Enclosed	is a check for th	ne following amount:							
\$25. 0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60,00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssec, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LM Funding, LLC						
(Name of the Limite	d Liability Comp A Florida Limited	any as It now app Liability Company	ears on our records.)			
The Articles of Organization for this Limited Lis Florida document number L08000004600	ability Company	y were filed on	January 14, 2008	and ass	igned	
This amendment is submitted to amend the follo-	wing:					
A. If amending name, enter the new name of	the limited lial	oility company	<u>hore</u> :			
N/A						
The new name must be distinguishable and end with the w	ords "Limited Lia	bility Company," t	he designation "LLC" or the		L.C."	
Enter new principal offices address, if applica	ble:	N/A		ALC:	7	
(Principal office address MUST BE A STREET	ADDRESS)			Azi Hm	2 1	
				SS.	N Property	
				m-<	2 17	
Enter new mailing address, if applicable:	N/A	<u></u>	<u> </u>			
(Mailing address MAY BE A POST OFFICE B	<u>'0X)</u>					
				AC AC		
B. If amending the registered agent and/or registered agent and/or the new registered off			on our records, ente	er the name	of the new	
Name of New Registered Agent:	N/A					
New Registered Office Address:						
	Enter Florida street address					
	<u></u>		, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Carol Linn Gould	302 Knights Run Ave., Suite 1000	■ ∧dd
		Tampa, FL 33602	□ Remove
			
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			ICT 22 PM 4: 45 AND STAIF AND STAIF
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2014-10-22 12:03

Business Law Group 813 221 7909 >> FaxxBochs P 5/5

If amending any other information, enter change(s) here: (Attach addl N/A	Torial disease, if recessiony,
Coefine data if other than the date of filing.	(optional)
ffective date, if other than the date of filing: ———————————————————————————————————	t be more than 90 days after
pated October 20, 2014	
(braderica)	
Signature of a member or authorized representative Carol Linn Gould	ve of a member
Typed or printed name of signee	

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Filing Fee: \$25.00