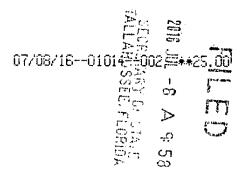
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C. BRUCE

COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Savry Card Florida Fund III, 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:
Sheryl S. Hunter Name of Person
Nunter Business Law Firm/Company
119 S. Dakota Avenue Address
Tampa, FL 33606 City/State and Zip Code
Notices Chuter business law. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shery 3. Hunter at (813) 867-2640 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Certified Copy (additional copy is enclosed) \$30.00 Filing Fee Certified Copy (additional copy is enclosed) \$55.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, 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

Savy Card Florida (Name of the Limited Liability Co	mpany as it now appears on our records.)
(A Florida Limi	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on May 12, 2015 and assigned
Florida document number <u>L1 5000 83446</u> .	y
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1511 N. Westshore Blud.
(Principal office address MUST BE A STREET ADDRESS	Suite 700
	Tampa, FL 33607
Enter new mailing address, if applicable:	1511 N. Westshore Blid. =
(Mailing address MAY BE A POST OFFICE BOX)	Suite 700 Em E III
	Tampa, FL 3360 15
	d 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:	iter Business Law
New Registered Office Address: 119 5	S. Dakota Avenue Enter Florida street address
	ampa , Florida 33606
	' 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>	Address	Type of Action
MGR	David D. Chitester	6601 Memorial Highway	🗆 Add
		Suite 318	Remove
		Tampa, FL 33615	Change
MGR	Florida Funders Management, LLC	1511 N. Westshore Blud	X Add
		Suite 700	Remove
		Tampa, FL 33607	Change
			□ Remove
			Change
			Add
		<u> </u>	Remove
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			Change
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Filing Fee: \$25.00