

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALIGN INCOME SHARE FUNDING LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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MAR 26 2024
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2024 MAR 25 AM 10:18

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2024 MAR 25 AM 10:32
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ALIGN INCOME SHARE FUNDING LLC

Enter new principal office address, if applicable

(Principal office address

MUST BE A STREET ADDRESS)

175 W. Jackson Blvd., Ste 600, Chicago, IL 60604

Enter new mailing address, if applicable.

(Mailing address

MAYBE A POST OFFICE BOX)

175 W. Jackson Blvd., Ste 600, Chicago, IL 60604

2. The Florida document number of this limited liability company is: AT19000002201

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 03/07/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Align Balance, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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.

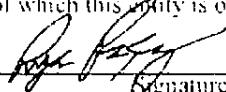
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Cumulus Funding, Inc.	175 W. Jackson Blvd Ste 1000	<input type="checkbox"/> Add
		Chicago, IL 60604	<input checked="" type="checkbox"/> Remove
Member	CNU Online Holdings, LLC	175 W. Jackson Blvd., Ste 600	<input checked="" type="checkbox"/> Add
		Chicago, IL 60604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

CNU Online Holdings, LLC, by: Ryan P. McLaughlin, Member

Typed or printed 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 ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "ALIGN BALANCE, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE FOURTH DAY OF MARCH, A.D. 2019, AT 7:26 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE NINTH DAY OF MARCH, A.D. 2020, AT 1:14 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ALIGN INCOME SHARE FUNDING LLC" TO "ALIGN BALANCE, LLC", FILED THE FOURTH DAY OF JANUARY, A.D. 2024, AT 12:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ALIGN BALANCE, LLC".



Jeffrey W. Bullock, Secretary of State

7308109 8100H
SR# 20241134052

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203093373
Date: 03-22-24