# 150014967)

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLUXDOR

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JUN 03 2016 S. YOUT&G



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2016

GEORGE VOIPE 20230 NE 3RD CT #1 MIAMI, FL 33179

SUBJECT: GEMINI CAPITAL FUNDING,LLC

Ref. Number: L15000149677

We have received your document for GEMINI CAPITAL FUNDING,LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 216A00008847

2 AM 9: 11

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJI	ЕСТ:	OCMIN C Name of Limit	ap, TAU Function to Liability Company	it	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Goorg	Name of Person		
			Name of Person		
		GEMINE	[Ap. tal + uncl	nc	16 JUN-2 AN 1:25
			Firm/Company		N-2
		2027	O NE 3- CT I	±1	SEE. FLORIUM 2 AM 1: 25
			Address		- 6
			PMI 81 331	79	25
		E-mail address: (1	City/State and Zip Code  EVDLPE a A Hue to be used for future annual report notifi	ication)	
For fur	ther information co	ncerning this matter, please ca		ŕ	
. 01 10					
	(5E000E	VOLPC	at (305) 215-	729p	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for the	e following amount:			
<b>JE</b> \$2:	5.00 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 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**

GEMIN: CAPITI	AL Funding
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L15000149677</u>	any were filed on Signed and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	<b>3</b> 350
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or the abbreviation "LE.C."
Enter new principal offices address, if applicable:	Liability Company," the designation "LLC" or the abbreviation "E.C." $20230 \text{ NE } \text{3}^{\text{Cl}} \text{ ct} + 4.5$ $MiAmi, FL, 33179 = 700$
(Principal office address MUST BE A STREET ADDRESS	MiAMI, FL, 33179 = Mac
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20230 NE 30 (r # 1 )
registered agent and/or the new registered office address	
Name of New Registered Agent:	CEORFE VOLPE
New Registered Office Address:	Enter Florida street address
	MIAA, Florida 33/79  City Zip Code
New Registered Agent's Signature, if changing Registered Ag	

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 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
MGN	Phil SACOLSON	3204 POLTOFINO PT B-	3 □ Add
		COCONNY CIRCLY AL	
		33066	Change
MAR	Geoned Volpe	20230 NG 34 C+ # 1	<b>13</b> Add
		MIAMI FL 33179	<b>15</b>
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			"
Note: If	te date, if other than the date of filing:	to 605.02 e listed	207 (3 as th
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the $\epsilon$ 0th day after the record is filed.	earlier	of:
ated	4-15-2016		
	Signature of a member or authorized representative of a member	<u></u>	

Page 3 of 3

Filing Fee: \$25.00