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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Florida Funders Priatek Fund, 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: |
| Shery S. Hunter Name of Person |
| Hunter Business Law Firm/Company |
| 119 S. Dahota Avenue Address |
| Tampa, FL 33606 City/State and Zip Code Notices @ hunterbusiness law.com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Shery 5. Hunter at (813) 867-2646 Wame of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 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

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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> | Name | Address | Type of Action |
|---|------------------------------------|--|-------------------|
| MGR | Florida Funders management, LLC | 1511 N. Westshore Blud. | □ Add |
| | | Suite 700 | Remove |
| | | Jampa, FL 33607 | Change |
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| in effe ote: | re date, if other than the date of filicative date is listed, the date must be specific a f the date inserted in this block does not not's effective date on the Department of | nd cannot be prior to date of filing or more t meet the applicable statutory filing r | optional) e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a |
| | ord specifies a delayed effective 90th day after the record is filed | | ne, at 12:01 a.m. on the earlier |
| ted _ | July 15+ | -, 2016 Sha 111 | |
| | Signature of | a member or authorized representative of | o member |
| | 21 | ~ () | TARY C |
| | Shery! | S. Hunter Typed or printed name of signee | |
| | | _ | A II: 55 |
| | | Page 3 of 3 | 55 S |

Filing Fee: \$25.00