L02000024763

(Requestor's Name)
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T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

_{T.} LEGAL FUNDING, 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:

Jeffrey M. Siskind

Name of Person

Siskind Legal

Firm/Company

525 S. Flagler Drive, Ste. 500

Address

West Palm Beach, FL 33401

City/State and Zip Code

jeffsiskind@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Siskind

at (561) 832-7720

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2013

JEFFREY M SISKIND SISKIND LEGAL 525 S FLAGLER DR STE 500 W PALM BEACH, FL 33401

SUBJECT: LEGAL FUNDING, LLC

Ref. Number: L02000024763

We have received your document for LEGAL FUNDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

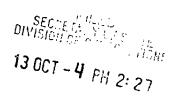
Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LEGAL FUNDING, LLC	1	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comparing Local document number Local Local Liability Comparing Local Local Liability Comparing Local Local Liability Comparing Li		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i	office address on our rec nere:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		_, Florida Zip Code
New Benistand Assets Co.		Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	mplete performance of my t as provided for in Chapter	duties, and I am familiar with and 608 FS Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> Name **Title** Dace Melillo 2525 PROSPERITY OAKS COURT PALM BEACH GARDENS, FL 33410 MGRM Remove

). If amending any other information	n, enter change(s) here: (Attach additional sheets, if	necessary.)
		
_{bated} September 23	2013	
12	2	
	ure of a member or authorized representative of a member	
Dace Melillo		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00