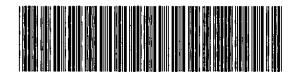
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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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09 NOV -5 AM II: 04 SECRETARY OF STATE ALLAHASSEE, FLORIDA

J. BRYAN
NOV - 6 2009
EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ECT:	Capital Fund	ding Strategies LLC		
			ited Liability Company	.	
The end	closed Articles o	of Amendment and fee(s) are sui	bmitted for filing.		
Please	return all corresp	condence concerning this matter	r to the following:		
			Chris Lombardo Name of Person	and the state of t	
			Name of Person	SE SE	
Capit			al Funding Strategies LLC	CRE CAH	٦
-			Firm/Company	ASS.	-
5			79 Sand Wedge Loop	09 NOV -5 AM II: 04 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
		STAT STAT FLORI			
	Apopka Fl 32712				
		C	lombardo@cfl.rr.com to be used for future annual report notifica		
For fur	ther information	E-mail address: (ition)	
		nris Lombardo		62-4545	
		of Person	Area Code & Daytime		
Enclose	ed 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/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Capital Funding Strategies LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company w	ere filed on	01-13-2004	and assigned			
Florida document numberL0400000	3701						
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited liabili	ty company her	<u>re</u> :				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited	d Liability Compa	any," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applic	cable:						
(Principal office address MUST BE A STREE	ET ADDRESS)		,				
				1 - v-			
Enter new mailing address, if applicable:		PO Box 1493					
(Mailing address MAY BE A POST OFFICE	BOX)	Apopka, Fl 32712					
B. If amending the registered agent and/ registered agent and/or the new registered or		ce address on o	our records, <u>enter tl</u>	ne name of the new			
Name of New Registered Agent:	do						
New Registered Office Address:							
		Enter Florida street address					
	Apopka		, Florida	32712			
N. Davidson d. A. and S. C. and C. C		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 608, 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 2

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 **Title Name Address Type of Action MGRM** Laurie Lombardo 579 Sand Wedge Loop ☐ Add ✓ Remove Apopka, Fl. 32712 □ Add Remove ☐ Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Laurie Lombardo is deceased and Chris Lombardo is the only Managing Member on this LLC. November 3, Dated __ Signature of a member or authorized representative of a member

Page 2 of 2

Chris Lombardo
Typed or printed name of signee

Filing Fee: \$25.00