L06000012879

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
. (Business Entity Name)			
	Document Number)			
· ,	Document Number)			
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T. HAMPTON

HEB - 5 2009

EXAMINER

COVER LETTER

Division of Corp	porations		
SUBJECT. Metro C	apital Funding, LLC	<u>}</u>	
Subject.		ited Liability Company)	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Richard Frisina		
		(Name of Person)	
	Metro Capital Funding, L	LC	
		(Firm/Company)	
	6820 Queenferry Circle		
		(Address)	
	Boca Raton, FL 33496		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please co	ail:	
Richard Frisina		at (561) 756-5855	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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:

TO:

Registration Section

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



RECEIVED

09 FEB -4 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 27, 2009

RICHARD FRISINA 6820 QUEENFERRY CIR BOCA RATON, FL 33496

SUBJECT: METRO CAPITAL FUNDING, LLC

Ref. Number: L06000012879

We have received your document for METRO CAPITAL FUNDING, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00002984

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro Capital Funding, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on January 27, 2006	and assigned		
Florida document number L06000012879				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
. The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "L			
"L.L.C."		8 S S S		
Enter new principal offices address, if applicable:		SECE DIVISION		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	8 XE F		
		5 SYE		
		POF S		
Enter new mailing address, if applicable:		STATE RATE 12: 2		
(Mailing address MAY BE A POST OFFICE BOX)		2		
D 16 1 1 1 1				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		he name of the nev		
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 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)

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			Add Remove
			Add Remove
			Add Remove
·····			Add Remove
		e(s) here: (Attach additional sheets, if necessary.) 687 Vintage Oaks Cir - Delray Beach, FL 33484-6	<u>420</u>
- 13		,	
			09 S
			FEB -4
ated Janua	Signature of a fugurator	Tubal Lising	ECRETÁ SION OF FEB -

Page 2 of 2

Filing Fee: \$25.00