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(Re	equestor's Name)	
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2015 NOV -6 A ID: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Se Division of Co					
SUBJECT	LM Fundii	ng, LLC				
SCHOLO	**	Name of Lin	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		Margo T. Valenti, FRP				
	Name of Person					
		Business Law Group, P.A				
	Firm/Company					
	301 W. Platt St., #375					
			Address			
		Tampa, Florida 33606				
		mvalenti@blawgroup.com	City/State and Zip Code		2015 NOV - SECRETAR TALLAHASS	
•		E-mail address: (to be used for future annual report notific	cation)	AN NOV	
For further	information c	oncerning this matter, please c	all:		ლ-< თ	
Margo T V	Valenti		813 679-8256			
	Name o	f Person		Telephone Number	ID: 42	******
Enclosed is	s a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

LM Funding, LLC			
(Name of the Lin	nited Liability Co (A Florida Limi	mpany as it now appears on our records, ted Liability Company))
The Articles of Organization for this Limited Florida document number L08000004600	Liability Compa	any were filed on 01-14-2008	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited l	liability company here:	
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
		· N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		7
	,.		2015 ACL
."			
B. If amending the registered agent and registered agent and/or the new registered			
registered agent andror the new registered	bilice address i	<u>ijer e</u> .	me or the contract of the con
Name of New Registered Agent:	N/A		F S 5
New Registered Office Address:			112 110A
		Enter Florida street address	
		, Flor	
		City	7 in 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 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>	<u>Name</u>	Address	Type of Action
MGR	LM FUNDING AMERICA, INC.	302 Knights Run Ave, Suite 1000	= Add
		Tampa, FL 33602	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
•			Change
			TALLAHASSECRETA
			SEE, FLORIDO
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fective date is listed, the date mus If the date inserted in this bl					
nent's effective date on the D	epartment of State's recor	ds.	img rodanomonia, ai	13 441024111 110	
cord specifies a delayed	l effective date, but	not an effectiv	e time, at 12:01	a.m. on the	e earli
90th day after the rec			•		
November 2	2015				
		 ·			
Sm					
	Signature of a member or au	thorized representa	tive of a member	<u></u>	

Page 3 of 3

Filing Fee: \$25.00