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JUN 1 6 2009

EXAMINER

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O9 JUN 15 AMII: 10

COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJI				
SUBJECT: Emerald Commercial Funding Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Name of Person	
Emeral		Emeral	d Commercial Funding LLC	
			Firm/Company	
		110	2 South Florida Avenue	
			Address	
		1.6	akeland Florida 33803	
			City/State and Zip Code	
		le	em@emeraldcos.com	
For fu	rther information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifies call:	ation)
	M	eerell O Lee	at (863) 6	87-8858
		of Person	Area Code & Daytime	
Enclos	sed is a check for t	the following amount:	•	
\$25	5.00 Filing Fee	\$30.00 Filing Fec & 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)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, 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

Emerald Commercial Funding 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 Li Florida document number L08000012	•	02/04/2008 and assigned				
This amendment is submitted to amend the following	•					
A. If amending name, enter the new name of	f the limited liability company here	:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation				
Enter new principal offices address, if application	able:					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/o		or records, enter the name of the new				
registered agent and/or the new registered of	fice address here:	in records, enter the mane of the new				
Name of New Registered Agent:	Meerell O Lee	<u>N</u> ≤ 8				
New Registered Office Address:	1102 South Florida Ave					
		er Florida street address				
	Lakeland	, Florida 33803				
New Registered Agent's Signature, if changing F		LORIDA				
I hereby accept the appointment as registered the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the pr	d agent and agree to act in this cap roper and complete performance o	pacity. I further agree to comply with finy 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						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	Meerell O Lee	1102 South Florida Ave Lakeland, FL 33803	✓ Add Remove			
MGR_	Charles R Wilson	1102 South Florida Ave Lakeland, FL 33803	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessar	y.) 			
 			PIL SECRETARIASS			
Dated	. , ,	., <u>2009</u> .	FE FLORIDA TO STATE			
	Signature of	f a member or authorized representative of a member	B			
		Meerell O Lee Typed or printed name of signee				
		. There or butters timing or signed				

Page 2 of 2

Filing Fee: \$25.00