

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
PICK-UP	☐ WAIT	MAIL	
(Ві	ısiness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

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2015 JUL -7 P 12: 33
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

[JUL 0 8 2015



July 1, 2015

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(850)245-6051

RE: Amend the Articles of Organization – Florida Limited Liability Company

To whom it may concern,

Please find enclosed Articles of Amendment for this Limited Liability Company that was originally filed on 12/29/08 and that was assigned Florida document number L08000117158.

Also enclosed please find our check in the amount of \$60.00 that represents the Filing Fee, Certificate of Status and Certified copy.

Kindly return to:

Tavernier Capital Funding, LLC Attn: Dennis Kildea, CFO 120 Gibraltar Road, Suite 315 Horsham, PA 19044 (215)259-0811

Thank you in advance.

Sincerely,

Dennis Kildea

Chief Financial Officer

DK/llm

## **COVER LETTER**

	gistration Se ision of Cor				
SUBJECT:	Tavernier C	Capital Funding, LLC			
SUBJECT:		Name of Lim	nited Liability Company	<del></del>	
		Amendment and fee(s) are sub	•		
		Christopher L. Kelly			
			Name of Person		
		Tavernier Capital Funding	<b>,</b>		
		Firm/Company		——————————————————————————————————————	
		120 Gibraltar Road, Suite	315	2015 JUL -7 SECRETARY ( ALLAHASSEE	194
		Address	ASS ASS	. ī	
		Horsham, PA 19044		ARY OF STATE	1
			City/State and Zip Code	P 12: 33	Ţ
		Chris@TAVCAP.COM			
			to be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please c	all:		
Christopher	L. Kelly		215 259-0834 at ( )		
	Name of	f Person		Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling 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)	
		ING ADDRESS:	STREET/COURIE		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tavernier Capital Funding, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records Liability Company)	<del>)</del>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/29/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Cosmopolitan Capital Funding, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	120 Gibraltar Road, Suite 315	
Principal office address MUST BE A STREET ADDRESS)	Horsham, PA 19044	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	120 Gibraltar Road, Suite 315 Horsham, PA 19044	FILED  SECRETARY OF S  LLAHASSEE, FL
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zip Code
	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 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
CEO/MG	Christopher L. Kelly	120 Gibraltar Road, Suite 315	<b>₽</b> Add
		Horsham, PA 19044	□ Remove
			□ Change
President	Hadley Bressman	28West 44th Street, Suite 815	<b>■</b> Add
		New York, NY 10036	□ Remove
			Change
CFO	Dennis Kildea	120 Gibraltar Road, Suite 315	■ Add
		Horsham, PA 19044	TALLAHASSEE.
			ST Aggi
			Change
			□ Remove
			Change
		_	Add
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		5-b- 1 20	15 12-01	NDA NDA		
Effectiv	ve date, if other than the da	te of imng:	15 12:01 a.m.	(optional)		
Note: I	ctive date is listed, the date must be f the date inserted in this block	does not meet the appli	cable statutory filing re	than 90 days after filing.) Pequirements, this date w	ursuant to 605.	.020 ed as
docume	ent's effective date on the Depa	rtment of State's record	3.			
e reco ! The	ord specifies a delayed e 90th day after the record	ffective date, but n l is filed.	ot an effective time	e, at 12:01 a.m. or	i the earlie	≗r o
Dated _	fune 22	2015				
	Dd					
	Sie	mature of a member or auti	orized representative of	member		
	318	, or a momber of aut	representative Of a			
	Wayne D. Hoch					

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Filing Fee: \$25.00