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EXAMINER?

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT:		afunding, LLC		
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ndence concerning this matter	r to the following:		
		Bob Ditwiler		
		Name of Person		
		Amerafunding, LLC		
		Firm/Company		~
	11211 St. Andrews Ct.			\$ T
•		Address	PH	
		Riverview, FL 33579	ASS	TILEU 33
		City/State and Zip Code	- F	9 圣 (
	rdity	wiler@tampabay.rr.com to be used for future annual report notifi		25 O
For further information c	e-man address: (·	cation)	EM .W
To rarate mornanos e	oneering and marrer, prease	•		
	ob Ditwiler	at (918-3098	_
Name o	f Person	Area Code & Daytime	e Leiephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee Certificate of So Certified Copy (additional copy	tatus &
Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited L</u> (A F	Amerafunc lability Compai lorida Limited L	ding, LLC ny as it now appears on c liability Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number 26-400299		were filed on	1/8/2009	and assigned	
This amendment is submitted to amend the follow A. If amending name, enter the new name of t		ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," t	he designation "L	LC" or the abbrev	iation
Enter new principal offices address, if applicable:		147 N. Belcher Ro	<u>d.</u>		
(Principal office address MUST BE A STREET	ADDRESS)	Suite #4			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			579	SECRETARY OF STAME	T T D
Name of New Registered Agent: New Registered Office Address:	Robert R. D 11211 St. A	ndrews Ct.	orida street addr		
		City	, FIOTIUM	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

	the Managers or Managing Me <u>Member being added or remov</u>	embers on our records, enter the title, name, and advect from our records:	dress of each Manager
MGR = Mai MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Manage	Sharon Ditwiler	11211 St. Andrews Ct. Riverview, FL 33579	
			Add Remove
	,,		Add Remove
			是是
			ASSECT LORIC
			Add Remove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessary	v.)
_		*	<u>.</u>
Dated	July 6	2009	
	Signature of a	member or authorized representative of a member Robert R. Ditwiler	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00