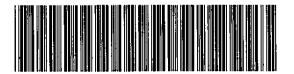
| (Re | questor's Name) | |
|-------------------------|------------------------|-------|
| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | , |
| Certified Copies | Certificates of Status | |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------|----------|-------------------------------------------------------------|
| Ca-Za Cap | pital, LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Gregory S. Roper | | | | |
| | | Name of Person | | | |
| | Ca-Za Capital, LLC | | | | 52.0 |
| | | Firm/Company | | 5 | |
| | 6003 Honore Ave, Suite 1 | 01 | | 16 MAR 1 | 1000 1000 1000 1000 1000 1000 1000 100 |
| | | Address | | <u>5</u> | |
| | Sarasota, FL 34238 | | | PM 12: | |
| | | City/State and Zip Code | | 23 | Sim |
| | Ruth@IntegrityFunding.co | | | | |
| For further information | E-mail address: (concerning this matter, please c | to be used for future annual report notitiall; | cation) | | |
| Ruth Danhires | | 941 684-0500 at () | | _ | |
| Name | of Person | Area Code Daytime | Telephone Number | _ | |
| Enclosed is a check for | the 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 Fe Certificate of S Certified Copy (additional copy is | tatus & | |

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

| Ca-Za Capital, LLC | | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabilit | y Company were filed on 11/4/09 | and assigned |
| Florida document number L09000106508 | | |
| This amendment is submitted to amend the following | ;; | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| LawCredit, LLC | | |
| The new name must be distinguishable and contain the words "l | Limited Liability Company," the designation "LLC" or | |
| Enter new principal offices address, if applicable: | | 6 K |
| Principal office address MUST BE A STREET AD | DRESS) | 五 第 3 4 |
| | | 7 P.C. |
| | | PH 12: |
| Enter new mailing address, if applicable: | | · 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | ω <u>γ</u> |
| 100 | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | nter the name of the ne |
| Name of New Registered Agent: | | ···· |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | 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 **Title** <u>Name</u> Address Type of Action ☐ Add ☐ Remove ☐ Change _□ Add □ Remove ন্ □ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change

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| F.CC | | | |
| lf an ef | ive date, if other than the date of filing: | | |
| | nent's effective date on the Department of State's records. | ot de list | cu as iii |
| ne re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the | ne earli | er of |
| | 90th day after the record is filed. | | |
| Dated | March 14 2016 | | |
| Jacca | | | |
| | Senature of a member or authorized representative of a member | | |
| | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00