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**EXAMINER** 



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SCURETARY OF STATE
ALL AHASSEE, FLORIDA

# **COVER LETTER**

TO:	Registration Sect Division of Corpo	ion orations					
SUBJE	ct.	Veritable	e Funding, LLC				
ЗОВОЕ			ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please re	eturn all correspond	dence concerning this matter	to the following:				
Tony McCall							
Name of Person							
Reverse Marketing, LLC							
Firm/Company							
tony.mccall@enjoyaging.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	Tor	ny McCall	at ( <b>727</b> _) Area Code & D	422-1935			
	Name of P	Person	Area Code & D	aytime Telephone Numbe	r		
Enclosed	l is a check for the	following amount:					
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	ate 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

Veritable Fu (Name of the Limited Liability Compa (A Florida Limited I	inding, LLC  iny as it now appears on our record  Liability Company)	<u>(s.</u> )			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on12/29/200	9 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
Reverse Mark	keting, LLC				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	11152 132nd Ave	namely and a second			
(Principal office address MUST BE A STREET ADDRESS)	Largo, FL 33778	LC 4			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11152 132nd Ave Largo, FL 33778	OV-9 PM 1:36 ETARY OF STATE HASSEE, FLORID,			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	nter the name of the new			
New Registered Office Address:					
rew registered Office Address.	Enter Florida street address				
	, Florida				
	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 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

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 **Type of Action Address** Title Name MGRM Tony McCall 11152 132nd Ave Largo, FL 33778 ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article III The purpose for which this Liability Company is organized is: Marketing, Advertising and Management November, 8 2010 Dated Signature of a member or authorized representative of a member

Tony McCall
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00