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(Requestor's Name)	
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PICK-UP WAIT N	1 AIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration S Division of Co		1.	
L1000002- SUBJECT:			
SUBJECT:		ted Liability Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	John Parrett		
		Name of Person	
	Income Fund Management	LLC	
		Firm/Company	
	496 Delaney Ave, Suite 408	3	
		Address	
	Orlando, F1, 32801		
		City/State and Zip Code	
	lindsay@bridgewellcapital.c		
For further information (concerning this matter, please ca	o be used for future annual report notif It:	(Carlon)
John Parrett		407 447-5000 at ()	
Name (of Person	Area Code Daytimo	Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Fifing 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Income Fund Management LLC		
(Name of the Limited I (A4)	jability Company as it now appears on our Torida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number 1.10000024248		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable	"Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		34
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florala stree	oddress
-		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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Parrett	496 Delaney Ave. Suite 408	
•		Orlando, FL 32801	Remove
			☐ Change
MGR	Lindsay T. Parrett	496 Delaney Ave, Suite 408	
		Orlando, FL 32801	□ Remove
			☐ Change
			Add
			Remove FILED Black TOTALIBLE Brown TOTALIBLE TOTAL
			GEORGE CHOCKE
			Change
			Add
			Remove
			☐ Change
			Remove
			Change

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n effective date is lis <u>)te:</u> If the date ins	her than the date of ted, the date must be spe- erted in this block door date on the Departme	cific and cannot be as not meet the ap	plicable statutory	or more than 90 days aft	tional) er filing.) Pursuant to 605.020 his date will not be listed a
record specifi The 90th day a	es a delayed effective files f	ctive date, but filed.	not an effecti	ve time, at 12:01	a.m. on the earlier of
ated July 21	// <u> </u>	2017	·		

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Typed or printed name of signee

Filing Fee: \$25.00