10000068707

•		
	(Requestor's Name)	
	(Address)	
	(Address)	· .
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
·	(Business Entity Name)	······································
	(Document Number)	
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TO AUG -3 AM 10: 16
SECRETARY OF STATE

TO: Registration Sec Division of Corp	tion corations		A second second
CUD IDOT.	COMMUNITY FINANC	CIAL FUNDING LLC	
SUBJECT:	Name of Limited Lia		
The enclosed Articles of A	Amendment and fee(s) are submitted	for filing.	
Please return all correspon	ndence concerning this matter to the	following:	
		· · · · · ·	•
the second second	IRE	NE GELMAN	1
		Name of Person	The share set of the same of t
	COMMUNITY F	NANCIAL FUNDING, LLC	
		Firm/Company .	·
	1585	7 VIVANCO ST	
		Address	
÷ .	DELRAÝ	BEACH, FL 33446	
· · · · · · · · · · · · · · · · · · ·		State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	MARVIN	G123@AOL.COM	
•	E-mail address: (to be use	ed for future annual report notification	n)
For further information co	ncerning this matter, please call:		
	CKA OR IRENE GELMAN	at \	R 561-499-2198
Name of	Person	Area Code & Daytime Tele	phone Number
		- 1	4
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Scertificate 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, 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

FILED 10 AUG -3 AM 10: LE

	. • A	OG +3 AM 10: 46	
COMMUNITY FINAN	CIAL FUNDING LLC _SECRI	ETARY	
(Name of the Limited Liability Compa (A Florida Limited I	CIAL FUNDING LLC SECRITOR AS IT NOW APPEARS ON OUR records [] A liability Company)	HASSEF EL STATE	
	-	-E, FLURIDA	
The Articles of Organization for this Limited Liability Company	were filed on6/28/2010	and assigned	
Florida document number L10000068707			
This amendment is submitted to amend the following:	<u>.</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "I	LC" or the abbreviation	
"L.L.C:"_	•		
Enter new principal offices address, if applicable:	15857 VIVANCO STREET		
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH, FL 33446		
•			
-			
Enter new mailing address, if applicable:	15857 VIVANCO STREET		
(Mailing address MAY BE A POST OFFICE BOX)	DELRAY BEACH, FL 33446		
·	and the second s	-	
B. If amending the registered agent and/or registered of	Tice address on our records, enter t	he name of the new	
registered agent and/or the new registered office address her	<u>e</u> :		
	$\gamma = \gamma \circ \hat{\beta}$		
-Name of New Registered Agent:	ne Gelman		
Now Projectored Office Address	SST VIVANCO.	2/	
New Registered Office Address: / 5 8	Enter Florida street ada	lress	
h /			
VelRA	Beach , Florida _	FEB 334V/	
	·	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 = Ma	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	LYNNE WASHECKA	934 UNIVERSITY DRIVE 216 CORAL SPRINGS, FL 33071	Add _ Remove
MGR	IRENE GELMAN	15857 VIVANCO STREET DELRAY BEACH, FL 33446	✓ Add Remove
MGRM	MARVIN GELMAN	15857 VIVANCO STREET DELRAY BEACH, FL 33446	_☑ Add _☐ Remove
<u>.</u>			Add Remove
·			_□Add _□Remove
			Add Remove
D. If amendin	g any other information, enter char	nge(s) here: (Attach additional sheets, if necessary)	TO AUG
i pe egana		ASSE	FILED 6-3 AMI
		ORIO A	5. 1. 5. 1.
Dated	JULY 28	2010	- •
	Irene o	Helman.	·
	Signature of a memb	per or authorized representative of a member IRENE GELMAN	
_	Tvn	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00