

L100006118320



300262360153

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 21 2014
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

*ATTN:
TAMMY HAMPTON*

SUBJECT: CAB Funding, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Burrell

Name of Person

Americom

Firm/Company

33 NE 2nd ST

Address

Fort Lauderdale, FL. 33301

City/State and Zip Code

mrbusa@winbackgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Drescher

Name of Person

914 960-8432

at (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 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

CAB Funding, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 JUL 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 12, 2010 and assigned
Florida document number L10000118320.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

33 NE 2nd ST.

Fort Lauderdale, FL. 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Matthew Burrell

New Registered Office Address:

33 NE 2ND ST.

Enter Florida street address

Fort Lauderdale

City

Florida 33301

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

MGR = Manager
AMBR = Authorized Member

<u>MGR</u>	<u>Christopher Burke</u>	<u>153 Ocean Cay Way</u>	<input type="checkbox"/> Add
		<u>Hypoluxo, FL. 33462</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>Matthew Burrell</u>	<u>33 NE 2ND ST.</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL. 33301</u>	<input type="checkbox"/> Remove

 Add

☐ Remove☐ Add

199 Remove

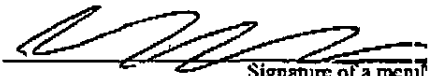
☐ Add☐ Remove☐ Add

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 21, 2014



Signature of a member or authorized representative of a member

Matthew Burrell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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14 JUL 18 PM 12:05
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TALLAHASSEE FLORIDA