

L11000037768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

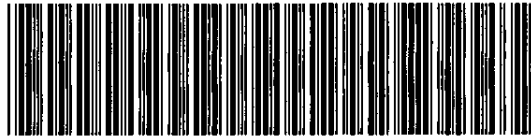
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 14 A 10:06

FILED

JAN 15 2016

S MASON



January 13, 2016

Florida Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization (National Legal Funding, LLC/Document # L11000037768).

To Whom It May Concern:

Enclosed, please find the aforementioned document submitted on behalf of National Legal Funding, LLC. You may contact the undersigned regarding this matter if necessary. My day time phone number is 813.223.6700. Please process this information as soon as possible. Thank you.

Regards,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

John V. Trujillo, Jr.

JVT
Enclosure as noted

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL LEGAL 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:

John Trujillo
Name of Person
NATIONAL LEGAL FUNDING, LLC
Firm/Company
1101 E. JACKSON STREET
Address
TAMPA, FLORIDA 33602
City/State and Zip Code
john@bayshorefindings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Trujillo at (813) 223-6700
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 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**

NATIONAL LEGAL FUNDING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/29/2011 and assigned Florida document number L11000037768.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain 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)

1101 E. JACKSON STREET
TAMPA, FLORIDA 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1101 E. JACKSON STREET
TAMPA, FLORIDA 33602

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:

N/A

New 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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TAMPA, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CAROLINE MAXTON	2910 W. BAY TO BAY BLVD. TAMPA, FLORIDA 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KALYN BLANTON	1101 E. JACKSON STREET TAMPA, FLORIDA 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

NA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

1/13/2016

2016

Signature of a member or authorized representative of a member

JOHN TRUJILLO

Typed or printed name of signee

2016 JAN 14 A 10:07
SECRETARY OF STATE
ALLIANCE FLORIDA

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