L11000040844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SEP 30 2015
J. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CIC 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:

Oswaldo Enrique Romero Vega
Name of Person

CIC Funding, LLC
Firm/Company

10520 NW Street Suite C-101
Address

Doral,Florida 33172
City/State and Zip Code

rromero@cicfund.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Enrique Romero Vega at (305) 962-4114
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2015 SEP 22 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

September 3, 2015

OSWALDO ROMERO
10520 NW 26 STREET SUITE C-101
DORAL, FL 33172

SUBJECT: CIC FUNDING, LLC
Ref. Number: L11000040844

We have received your document for CIC FUNDING, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00018703

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CIC 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 04-05-2011 and assigned Florida document number L11000040844.

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)

10520 NW Street Suite C-101
Doral,Florida 33172

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2015 SEP 22 A11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: N.A.
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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Oswaldo Romero	10520 NW 26 Street Suite C-101 Doral,Fl 33172	☐ Add ■ Remove
MGR	Oswaldo Enrique Romero Vega	10520 NW 26 Street Suite C-101 Doral,Fl 33172	■ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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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 SEPTEMBER 14 2015

Signature of a member or authorized representative of a member

OSWALDO ENRIQUE ROMERO VEGA

Typed or printed name of signee

Filing Fee: $25.00

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2015 SEP 22 AM 10:25
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TALLAHASSEE FLORIDA