

LI 000 117021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

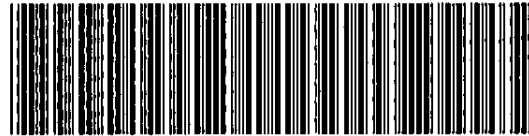
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

NOV 18 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

JJD CAPITAL 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:

Joe Auach

Name of Person

Firm/Company

1910 NE 5<sup>th</sup> ST #10

Address

Deerfield Beach, FL 33441

City/State and Zip Code

EPIC ESTATE@gmail.com

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

For further information concerning this matter, please call:

Joe Auach

Name of Person

at 561, 789-2261

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JJD CAPITAL 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 10/12/2011 and assigned  
Florida document number L11000117021.

This amendment is submitted to amend the following:

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

THE FUNDING GROUP LLC

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)**

433 Plaza Real, #275  
BOCA RATON, FL 33432

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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**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:**

Joe Aquad

**New Registered Office Address:**

433 Plaza Real, #275

Enter Florida street address

Boca Raton

City

Florida

33432

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 = Managing Member

Title	Name	Address	Type of Action
MGRM	Joe Aouach	433 Pheasant #275 Boca Raton FL, 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSH KATZ	"	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dennis Puckett	"	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TRANSACTIONAL Capital LLC	<del>TRANSACTIONAL Capital LLC</del>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SI Capital PARTNERS LLC	"	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PAN Holdings LLC	"	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

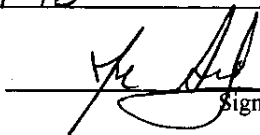
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We are removing our NAMES AS "MGRM" and using  
our LLC'S as MGRM'S. Please Email or call  
me IF anything else IS NEEDED.

EMAIL - EPIC ESTATES@gmail.com

Phone - 561-789-2261

Dated: 11/15, 2011



Signature of a member or authorized representative of a member

Joe Aouach

Typed or printed name of signee

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TALLAHASSEE, FLORIDA