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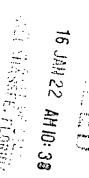
(Re	equestor's Name)	
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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COVER LETTER

TO		gistration Sec vision of Corp			
OI.	id teæt.	Appletree Fu	inding LLC		
SU	вјест:	.	Name of Limi	ted Liability Company	
Th	e enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Ple	ease retur	n all correspon	dence concerning this matter t	o the following:	
			David Wynn		
				Name of Person	······································
			Appletree Funding LLC		
				Firm/Company	
			3579 South Federal Highwa	ay, Ste. F	
				Address	
			Boynton Beach, FL 33435		
			· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
			Info@Appletreesettlementfu	-	
			E-mail address: (t	o be used for future annual repo	rt notification)
Fo	r further i	information co	ncerning this matter, please ca	II:	
Da	vid Wyn	n		800 521-54	60
		Name of	Person		Daytime Telephone Number
En	closed is	a check for the	e following amount:		
	\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

Appletree runding LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our remited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Commonline Common Liability Common	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Legal Funding Network, LLC		
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 ADDRES	SS)	
		ت م پ
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		SS 12
3. If amending the registered agent and/or register		ω ords, enter the name of the 1
egistered agent and/or the new registered office addres	ss here:	"
Name of New Registered Agent:		
New Registered Office Address:		
inew Registered Office Address.	Enter Florida street ad	idress
		, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR≈ Au	thorized Member		
Title MGR	McGonigle, Timothy	233 Wilshire Blvd., 70 Santa Monica, CA 90401	Type of Action O □ Add Remove
MGR	Hill, Karl	24734 East Quarto Place Aurora, CO 80016	Change Add Remove
			□ Change□ Add□ Remove
		Section 2000 and a section and	Change Add Remove
			EPChange
			_□ Change _□ Add
			_□ Remove

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record specifies a delaye The 90th day after the rec	d effective dat cord is filed.	te, but not	an effecti	ve time, at	12:01 a.n	n. on 1	the ea	irlier (
ed January 04		2016						
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Filing Fee: \$25.00