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SECRETARY OF STATE

YAN 1 5 2013 D. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: United	d Funders, LL	С	
SUBJECT:		ed Liability Company	_
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Jude Burk		
		Name of Person	_
		Firm/Company	
	P. O. Box 14	54	
		Address	_
	Tallahassee,	FL 32302	
		City/State and Zip Code	-
	jburk@batemanha E-mail address: (to	arden.com be used for future annual report notification)	
For further information co	oncerning this matter, please ca	ıll:	
Jude Burk		,,/850\222 -1 020	2018 SE TAL
Name of	Person	at (at Code & Daytime Telephone Num	mber PE
Enclosed is a check for the	e following amount:		SEURETARY OF ST SEURETARY OF ST Filing Feb.
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee Since the ficate of Status & Since Copy Status & Since

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

United Funders, LLC				
(<u>Name of the Limited</u> (Å	Liability Company as it now a Florida Limited Liability Compa	opears on our records.)		
The Articles of Organization for this Limited Life Florida document number L12000114742	ability Company were filed on	Sept. 6, 2012	and assi	gned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability compan	y here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability C	ompany," the designation "l	LLC" or the a	bbreviation
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or the new registered of the Name of New Registered Agent:	or registered office address	on our records, enter	RETARY AHASSE	
New Registered Office Address:	3142 Baringer Hill Dri			
	Tallahassee	Enter Florida street add	2312	<u> </u>
New Registered Agent's Signature, if changing I	City		Zip Code	
I hereby accept the appointment as registere the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	d agent and agree to act in to roper and complete perform stered agent as provided for registered office undress I h change.	ance of my duties, and I in Ghapter 608, F.S. Or,	am familiar if this docu mited liabili	with and ment is ty

Page 1 of 3

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 Type of Action <u>Title</u> <u>Name</u> **Address** Terrell Smith 310 S. Jefferson St. **MGR** Monticello, FL 32344 Remove Remove Remove

D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
Dated January 11	1 () 20 13 ()
Sig	nature of a member of thorized representative of a member
•	Page 3 of 3

Filing Fee: \$25.00

SEURITARY OF SI