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COVER LETTER

TO: Registration Section
Division of Corporations

Dealers First Financial Of SWFL, 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:

Robert Samouce, Esq.

Name of Person

Samouce, Murrell & Gal, P.A.

Firm/Company

5405 Park Central Court

Address

Naples, FL 34109

City/State and Zip Code

RobSamouce@smglawfirm.com

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

For further information concerning this matter, please call:

Robert Samouce

{.,,}239\596-9522

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

Dealers First Financial Of (Name of the Limite		ow appears on our records.)	
The Articles of Organization for this Limited I			and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
Prime Funding Services, LLC			
The new name must be distinguishable and end watL.C."	ith the words "Limited Liabi	ity Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		C
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			The second secon
Enter new mailing address, if applicable:		in Th	
Mailing address MAY BE A POST OFFICE	 ROX)	<u>-</u>	
Adding white cas Mari DE Transcription		-12	· · · · · · · · · · · · · · · · · · ·
		* :	
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Robert Samouce		
New Registered Office Address:	5405 Park Central	Court	
		Enter Florida street addre	SS
	Naples	, Florida <u>34</u> 1	09
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Name</u>	Address	Type of Action
		Add
		Remove
		Remove
		Add
		Add
		10.67
		Add
		Remove
		Add
		Remove
		Add
		Remove
	Name	Name Address

	-
6/5	20/3
	Man Q Qalan
Signatur	re of a member or authorized representative of a member
Gary Danielson	

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Filing Fee: \$25.00

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