

L12000136082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

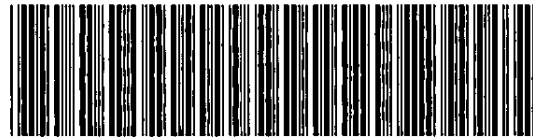
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Merchant Funding Group, 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:

John Hynes

Name of Person

The Financial Systems Company, LLC

Firm/Company

515 S. Flower St., Suite 1200

Address

Los Angeles, CA 90071

City/State and Zip Code

jhynes@paymentsystemscorp.com

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

For further information concerning this matter, please call:

John Hynes

Name of Person

at **(213) 8022684**

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

Merchant Funding Group, LLC

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➤ 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Christopher Dryden	2100 Palomar Airport Rd., Suite 206	<input type="checkbox"/> Add
		Carlsbad, CA 92011	<input checked="" type="checkbox"/> Remove
MGR	Marinus Holdings, Inc.	427 N. Tatnall St., No. 45039	<input checked="" type="checkbox"/> Add
		Wilmington, DE 19801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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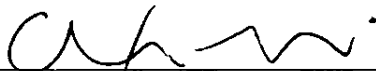
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^ D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 January 15, 2014



Signature of a member or authorized representative of a member

Alexander Renzi

Typed or printed name of signee

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Filing Fee: \$25.00

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