L12000136082

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL · |
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SECRETARY OF STATE

JAN 3 0 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

_a, 213,

8022684

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

Merchant Funding Group, 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 October 25, | 2012 Z an ssigned |
|--|------------------------------------|---------------------------------|
| Florida document number L12000136082 | | T CRETE LAHA |
| This amendment is submitted to amend the following: | | LT 27 ARY SSE |
| A. If amending name, enter the new name of the limited liabi | lity company here: | PH L:: |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "L | LC" or the appreviation L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 515 S. Flower St., Sui | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | ds, enter the name of the new |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street addre | ess |
| | . F | lorida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |

New Registered Agent's Signature, it 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

| MGR = M AMBR = A | lanager uthorized Member | |
|---------------------|-----------------------------|--|
| <u> </u> | <u>Name</u> | Address Type of Acti |
| AMBR | Christopher Dryden | 2100 Palomar Airport Rd., Suite 206 ☐ Add |
| | | Carlsbad, CA 92011 |
| MGR | Marinus Holdings, Inc. | 427 N. Tatnall St., No. 45039 _{■ Add} |
| | | Wilmington, DE 19801 |
| | | Add |
| | | 2014 JAN 27 Remove SECRETARY OF TALLAHASSEE. F |
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| the date this document is filed by the Florida Depart Dated January 15 | tment of State) |
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Filing Fee: \$25.00

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