

L13000058367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

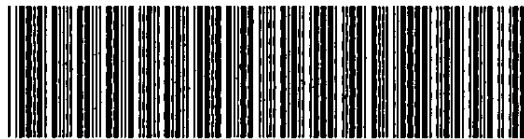
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Amend*

Office Use Only



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2013 APR 13 AM 8:45  
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J. SAULSBERRY  
EXAMINER  
MAY 15 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

ADVANCED BUSINESS FUNDING LLC

SUBJECT: \_\_\_\_\_  
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:

DONMICHAEL PETULLO

\_\_\_\_\_  
Name of Person

ADVANCED BUSINESS FUNDING LLC

\_\_\_\_\_  
Firm/Company

1200 N FEDERAL HIGHWAY SUITE 200

\_\_\_\_\_  
Address

BOCA RATON FL 33432

\_\_\_\_\_  
City/State and Zip Code

ADVANCEDBUSINESSFUNDING@GMAIL.COM

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

For further information concerning this matter, please call:

DONMICHAEL PETULLO

561 405-0000

at ( )

\_\_\_\_\_  
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

2013 APR 13 AM 8:45  
STATE  
FILING  
SECTION

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ADVANCED BUSINESS FUNDING 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 APRIL 19TH 2013 and assigned  
Florida document number L13000058367

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with 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 ADDRESS)

1200 N FEDERAL HIGHWAY SUITE 200  
BOCA RATON FL 33432

**Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

1200 N FEDERAL HIGHWAY  
BOCA RATON FL 33432

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1200 N FEDERAL HIGHWAY SUITE 200

*Enter Florida street address*

BOCA RATON

Florida

33432

*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**

**MGR = Manager**  
**MGRM = Managing Member**

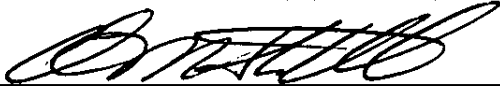
**MGRM = Managing Member**

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MAY 10TH, 2013



\_\_\_\_\_  
Signature of a member or authorized representative of a member  
DONMICHAEL PETULLO

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE  
FALL ARIZONA