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COVER LETTER

TO: Registration Section Division of Corpo		St. W	w ·
SUBJECT:	iF Worthin	gton, LLC	
-	Name of Limite	d'Liability Company	·
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Kelly B	BECKEF Name of Person	
	0	Name of Person	
	uries Inu	estment Fund Firm/Company	
	4830 W. Ke	ennedy Brd. Ste	445
	Tampa,	TL 33609 City/State and Zip Code	
		City/State and Zip Code	
-	E-mail address: (to	SINV fund. Com be used for future annual report notificati	on)
For further information conc	cerning this matter, please cal	11:	
Kelly Beck	er	at (813) 902 - 903 Area Code & Daytime Te	38
Name of Pe	erson	Area Code & Daytime Te	lephone Number
Enclosed is a check for the f	-		
\$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

FILED 2013 AUG 29 AM 10: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GF Worthingt	on, LLC	
(Name of the Limited-Limited (A Flo	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L130000 87849</u>	ility Company were filed on	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
GF SPS Funding	, LLC	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Flo	orida street address
_		, Florida
	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>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			\ Add
			Remove
			Remove
			Add
			
			Remove
			Add
			Remove
			Add
			Remove
			Remove

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August	<u>26 . 2013 . </u>
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	++5
	Signature of a member or authorized representative of a member
	Pobert D. Gries, Jr. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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