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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Funders, 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:
Sheryl S. Hunter Name of Person  Hunter Business Law Figure Company
Hunter Business Law Firm/Company
119 S. Dakota Avenue Address
Tampa FL 33606 City/State and Zip Code
Notices Chuter business (aw. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shery 5. Hurter at (813) 867-2640  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

Florida Funders	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on September 23, 2013 and assigned
Florida document number <u>L13coo134 243</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1511 N. Westshore Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Suite 700
	Tampa, FL 33607
Enter new mailing address, if applicable:	1511 N. Westshore Blud.
(Mailing address MAY BE A POST OFFICE BOX)	Suite 700
	Tampa, FL 33607
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:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,
I hereby accept the appointment as registered agent and agre	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David D. Chitester	6601 Memorial Nighway	🗆 Add
		Suite 318	Remove
		Tampa, FL 33607	Change
MGR	Marc Blumenthal	1511 N. Westshore Blud.	X(Add
		Suite 700	Remove
		Tampa, FL 33607	Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
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		OF S	Agg
		A II: 44:	

If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, . ,
Note	effective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	ed July 1st , 2016 for the tor
	Signature of a member or authorized representative of a member
	Sheryl S. Nunter  The state of signee of signe
	Typed or printed name of signee

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Filing Fee: \$25.00