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COVER LETTER

TO: Registration Section **Division of Corporations** Practical Funding Solutions L.L.C. 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: Louis Reyes Name of Person **Practical Funding Solutions** 1201 SE 37th Terrace Cape Coral Florida 33994 City/State and Zip Code info@funding4busines.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Louis Reves Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

Practical Funding Solutions L				
(Name of the Limited L (A F	iability Compar lorida Limited L	ny as it now appears o liability Company)	n our records.)	
The Articles of Organization for this Limited Liabil Florida document number L13000153460	ity Company	were filed on 10-3	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabi	lity company here	:	
The new name must be distinguishable and end with the word	ls "Limited Liabi	lity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1201 SE 37th Terrace		
Principal office address MUST BE A STREET A	DDRESS)	Cape Coral, Florida 33994		
Cnter new mailing address, if applicable:		1201 SE 37th Tarrace		
Mailing address MAY BE A POST OFFICE BOX)		Cape Coral, F	10rida 33994	
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>ente</u>	the name of the ne
Name of New Registered Agent:	Louis Reyes			
New Registered Office Address:	201 SE 37			
_		Enter Florida		1 2
<u>-</u>	Cape Coral		, Florida <u>3</u>	3994
	stered Agent:	City		Zip Code

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Louis Reyes	1201 SE 37th Terrace Cape Coral Fl. 33994	↓ _■ Add
			Remove
MGR	Kevin J Calderone	1710 NW 23rd Terrace, Cape Coral FI 33993	
			■ Remove
			□ Add
			_□ Remove
			_□ Add
		<u> </u>	_□ Remove
			□ Add
		· · · · · · · · · · · · · · · · · · ·	_□ Remove
			_ Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Kevin J Calderone will no longer have any affiliation with Pratical Funding
any affiliation with Pratical funding
Solutions and all documents should
Reflect Same.
E. Effective date, if other than the date of filing: (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 7-3-2014
Keven A Caldena
Signature of a member or authorized representative of a member Kevin J. Calderone
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00