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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	
cunu		bal Finance LLC		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Michael A. McGrath		
		Capax Discovery LLC	Name of Person	
		5110 Main Street, Suite 21	Firm/Company	<del></del>
		Williamsville, NY 14221	Address	
		mmcgrath@capaxdiscovery		
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Micha	el A. McGrath		716 229-8931 at ()	Telephone Number
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>□ \$</b> 2:	5.00 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

Walker Global Finance LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L13000170910	pany were filed on December 11, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Walker Global Funding LLC		
The new name must be distinguishable and contain 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 ADDRES.	<u></u>	·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er The name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	~~···	<i>f</i> · · · · ·

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 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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Adaress	Type of Action
			Remove
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January 10, 2019  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated January 17 , 2019  Manuary 17 , 2019  Manuary 17 , 2019		
January 77, 2019  Effective date, if other than the date of filing:		
January 77, 2019  Effective date, if other than the date of filing:		
January 77, 2019  Effective date, if other than the date of filing:		
Innuary 17, 2019  Effective date, if other than the date of filing:		
January 77, 2019  Effective date, if other than the date of filing:		
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Innuary 17, 2019  Effective date, if other than the date of filing:		
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The 90th day after the record is filed.  Dated $\frac{\text{January 17}}{M} / N M \leq N + \frac{2019}{4}$		
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ml/nm=nH		January # 17 2019
Signature of a member or authorized representative of a member		1
Signature of a member of authorized representative of a member		
		$m 1 / n m \leq n + 1$

Page 3 of 3

Filing Fee: \$25.00