L14000005444

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MH Capital Funding 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:

Dung Lam

Name of Person

Merin Hunter Codman Inc.

Firm/Company

1601 Forum Place, Suite 200

Address

West Palm Beach, FL 33401

City/State and Zip Code

dlam@mhcreal.com

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

For further information concerning this matter, please call:

Dung Lam

Name of Person

.561,471-8000

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MH Capital Funding LLC		
(Name of the Limited Liab (A Flor	pility Company as it now appears on our recorded Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L1400005444	Company were filed on 1/5/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
MHCapital Funding LLC		
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADI	DRESS)	014
		The second secon
		COST N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		No.
		₽ 4
B. If amending the registered agent and/or reg		ds, <u>enter the name of the new</u>
registered agent and/or the new registered office ad	idress here:	
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street addr	255
	. 18	lorida
	City	Zip Code
New Desistened & south Claustone & shoulden Desiste	mad & mausa	

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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•	 	Remove
			☐ Remove
			Remove
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			OF STAND
			□ Remove
			
			□ Remove

If amending any other information, enter change(s) he	re: (Attach additional sheets, if necessary.)
·	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or the date this document is filed by the Florida Department of State)	(optional) filed date and cannot be more than 90 days after
Dated January 23 , 2014	٩.
	. 1 - '
Simplify	2
Signature of a member of and	horized representative of a member

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Filing Fee: \$25.00

