## L14000006853

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
,		
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	i
<u> </u>		

Office Use Only



200265081662

10/14/14--01048--007 \*\*25.00

SEGRETARY OF STATE

FILED

B. BOSTICK 0CT 1 7 2014

EXAMINED

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

		• -
	qurus marketma	
(Name of the Limit	ted Liability Company as it now appears on of (A Florida Limited Liability Company)	ufrecords.)
The Articles of Organization for this Limited L Florida document number L14000006853	iability Company were filed on JANUA	ARY 13, 2014 and assigned
This amendment is submitted to amend the foll	oudes.	
This amendment is submitted to amend the for	ownig.	
A. If amending name, enter the new name o	f the limited liability company here:	
TAURUS FUNDING GROUP, LLC		
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	,
		No R
,		L A O
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the new
registered agent and/or the new registered of	nice address nere:	E PY
Name of New Registered Agent:	ARIE A TAYKAN	
	7000 N LINIVED SITY DRIVE	SUITE 201
New Registered Office Address:	7880 N UNIVERSITY DRIVE,  Enter Florida stre	SUITE 201
	TAMARAC	•
	City	, Florida 33321 Zip Code
New Registered Agent's Signature, if changing I	·	arp week
I hereby accept the appointment as registere		itu. I kuthan aanaa ta aanah: with tha
i nereby accept the appointment as registere	a agent and agree to act in this capac	ny, i juriner 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 orderess, 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:

<u>Title</u>	Name	Address	Type of Action
		٠	D Add
	,	· -	Remove
•			
<del></del>	• .		Add
			☐ Remove
	,		
<del></del>		•	
			□ Remove
			Add
		-	TALEGRETARY  SSE
	·		OCT OCT
	•		SSS. AW
· · · · · · · · · · · · · · · · · · ·	Marie Company of the		Manada D C
			STATE O
			<b>&gt;</b> 0
			<del></del>
			D Add
			☐ Remove

1	•
1	
Effective date, if other than the date of filing. The effective date must be specific, cannot be prior to duthe date this document is filed by the Florida Department.	ng:(optional) date of receipt or filed date and cannot be more than 90 days after ent of State)
	ent of State)
the date this document is filed by the Florida Departme	ent of State)
the date this document is filed by the Florida Departme	ent of State)

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE TALLAHASSEE. FLORIDA