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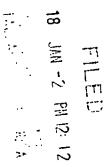
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	APEX Fur	IDING, LLC	
	Name of Lim	ited Liability Company	me of Person m/Company Address ate and Zip Code for future annual report notification) t (407) 362 8664 Area Code Daytime Telephone Number 5.00 Filing Fee & Certificate of Status &
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Addroce	
		Address	
		City/State and Zip Code	
	E-mail address; (to be used for future annual repor	t notification)
For further information ed	incerning this matter, please ca	all:	
<u>Qìw, Chai</u> Name of	Person Person	at (<u>407</u>) Area Code D	3628664 aytime Telephone Number
Enclosed is a check for the			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Certificate of Status &

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

APEX FUNDING (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recorbility Company)	<u>rds.</u>)
Florida document number 1140000 16166		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
APEX FUND, LLC The new name must be distinguishable and contain the words "Limited Liability	Campany "the designation "LL	C" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	N A	- A -
(Principal office address MUST BE A STREET ADDRESS)		··· N m
Enter new mailing address, if applicable:	AH	PR 12
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our record	ds, enter the name of the ne
New Registered Office Address:	Enter Florida street addre	ess
	F	florida
-	City	Zip Code

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
			Remove
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Filing Fee: \$25.00