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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Shawshank Consulting 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:

James Pineo

Name of Person

Shawshank Funding LLC

Firm/Company

401 East Jackson Street Suite 2340

Address

Tampa, Florida 33602

City/State and Zip Code

james@shawshankfunding.com

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

For further information concerning this matter, please call:

James Pineo

_{...}855、742.9742

Name of Person

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

2

Shawshank Consulting LLC	ny as it now appears on our records.)
(Name of the Limited Liability Compan (A Florida Limited Li	ight in the state of the state
The Articles of Organization for this Limited Liability Company value of C	were filed on 02/11/2013 and assigned
A. If amending name, enter the new name of the limited liabil	lity company here:
Shawshank Funding LLC	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	401 East Jackson Street, Suite 2340
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33602
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	401 East Jackson Street, Suite 2340 Tampa, Florida 33602
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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>	<u>Name</u>	Address I	ype of Action	
MGR	James Pineo	401 East Jackson Street		
		Suite 2340	☐ Remove	
		Tampa, Florida 33602		
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ffective date, if other than the date of filing: 10/01/2014 (option the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days at the date this document is filed by the Florida Department of State)		
September 21st 2014		
Jam Horas		
Signature of a member are muthorized representative of a member	~~ ~~	
Jam House	SECRETARY TALLAHASSE	2014 SEP 26

Page 3 of 3

Filing Fee: \$25.00