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COVER LETTER

TO:	Registrati Division o				
CHID III		RX MO	TORS L.L.C.		
SUBJE			Name of Limited	d Hiability Company	
The en	ologod Artic	les of A	mendment and fee(s) are submi	tried for Olina	
			lence concerning this matter to	_	
			Alice Austin		
			MEDRX MOTORS L.L.C.	Name of Person	
			226 Santa Fe Trail	Firm/Company	
			North Fort Myers, FL 33917	Address	
			aaustin532@gmail.com	City/State and Zip Code	
For fur	ther informa	tion con	E-mail address: (to be cerning this matter, please call:	oe used for future annual report no	otification)
Alice A	Austin			239 567-1712	
	.N	ame of P	etson	Area Code Dayti	me Telephone Number
Enclose	ed is a check	for the	following amount:		
ja \$2±	5.00 Filing F	ee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	R 10 P	egistrati ivision .O. Box	G ADDRESS: on Section of Corporations 6327 ce. FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Medrx Motors L.L.C.

(Name of the Limited Liability Company as it now appears on appears of appear

The Articles of Organization for this Limited Liability C		Cllm	03/05/2014		conditional
Florida document numberL14000038113	ompany	were med on	2.55.5.	:.	and,assigned
Plorida document number	<u> </u>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	<u>ted liabi</u>	lity company	here:		
Gold Star Funding LLC					
The new name must be distinguishable and contain the words "Limi	ted Liabili	ty Company," th	ic designation "L	LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)	same			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		same			
			· -		
B. If amending the registered agent and/or regist			on our reco	rds, <u>enter t</u>	he name of the nev
registered agent and/or the new registered office addr 	<u>ress here</u>	:			
Name of Name Province of Assets					
Name of New Registered Agent:					
New Registered Office Address:		Fater I	Florida street add	dness	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		City		Florida	Zip Code
New Registered Agent's Signature, if changing Registered	I Agent:				
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered agreed to merely reflect a change in the registere company has been notified in writing of this change.	omplete gent as p	performance rovided for i	of my duties, n Chapter 60	, and I am fa)5, F.S. Or, i,	miliar with and f this document is
	If Chan	ging Registered	Agent, <u>Signatu</u>	ire of New Reg	istered Agent
	Page 1	of 3			

MGR = M $AMBR = M$	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Change
			Add
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lf amending	any other infor	mation, enter ch	iangé(:	s) here: (Attach additional sheets, if necessary.)
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Effective da	te, if other than	the date of filing):	(optional)
If an effective d <u>Note:</u> If the	late is listed, the date	must be specific and s block does not m	cannot neet the	be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 applicable statutory filing requirements, this date will not be listed as
	specifies a dela day after the		ate, b	out not an effective time, at 12:01 a.m. on the earlier of
)ated Ma	ıy 14,		2019	
_	<i>U</i>	Signature of a r	nember	or authorized representative of a member
_	Alice Aus	,111 	Tvpedi	or printed name of signee

Filing Fee: \$25.00