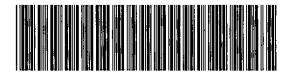
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(Ř	equestor's Name)
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PICK-UP	WAIT MAIL
(E	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
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# COYER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: DMS FUNDING II, LLC Name of Limited Liability Company	
The encl	losed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	DENNIS M. SEREMET  Name of Person	
	DMS FUNDING II, LLC	
	2700 N. OCEAN DR. APT 2104A	
	SINGER ISLAND, FL 33404 City/State and Zip Code	I AUG 21
	DENNY SEREMETO GMAIL. Com  E-mail address: (to be used for future annual report notification)	2
Eag Comb		STATE STATE
ror turu	her information concerning this matter, please call:	Sec. 5
	Name of Person at (301) 704-0417  Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
\$25.	(additional copy is enclosed) Certified C	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

DMS FUNDING I	I, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as It now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000078398</u>	were filed on $5/14/14$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2700 N. OCEAN DR. APT 2104A
(Principal office address MUST BE A STREET ADDRESS)	2700 N. OCEAN DR. APT 2104A SINGER ISLAND, FL 33404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2700 N. OCEAN DR. APT 2104A SINGER ISLAND, FL 33404
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	6 2
New Registered Office Address:	Enter Florida street address
SINGER	Enter Florida street address  Florida 33404  City  ZinSor

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 amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
		<del></del>	☐ Remove
		<del></del>	Remove
	•		□ <b>E</b> move
			AUG 21 PA 1: 05 ove
			Resove
			□ Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
_	
Effect	ive date, if other than the date of filing:(optional)
The efficiently (17)	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	8/19/14
Duiva	Denno M Seremet
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  DENNIS M. SEREMET
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

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