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SECRETARY OF STATE

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COVER LETTER,

Division of Corporations SUBJECT: BULLSMANIC FUNDING LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: LLOTD FREED (Context Person)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:
Please return all correspondence concerning this matter to:
·
LLOTD FREEN
(Contact Person)
BULSUAMIC FUNDING LLC (Firm/Company)
(Firm/Company)
4400 NONTH FODERACHIMMAY SUIZE 300
(Address)
BOCA MATON 33431
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 367-3700 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{25}\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bullsha	ork Funding LLC
(Name of the Limit	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L	Liability Company were filed on $\frac{9 30 2014}{152551}$ and assigned
This amendment is submitted to amend the foll	lowing:
A. If amending name, enter the new name o	of the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" of the abbreviation" L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address on our records, enter the name of the new
Name of New Registered Agent:	CLAUDIA GREEN
New Registered Office Address:	4400 N. FEDERAL Mathway, SUITE 300 Enter Florida street address
	BOCA RATON Florida 33431 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

MGR = N $AMBR = A$	/Janager Authorizéd Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
VMGR	James Klo	nn 4400 N. Fed. t	twy.# 300
		Boca Raton, Fi	-3343/ARemove
			Change
MEN	LLO7D GREEN	4400 N 1200 MW	/ #300 □ Add
•		BOCA NATON FL	- 33 \
			Change
AMBR	Made Chern	4400 N FED MWY	*300 mAdd
		BOCA AMON F	(3343) Remove
			☐ Change
MGN	CLAUDIA GREEN	4400N FED MAY	#3○ □ Add
		BOCA MOON FO	_ 3743 TREMOVE
			☐ Change
AMBA	CLAUDIA GNEEN		
		4400 N /EV) Hwy	/ // 300 □ Remove
		BOCA NATON FL	33 (3) Change
			Add
			CC C Remove
			SSR L Change
			79 0

Page 2 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

. If amend	ing any other information, enter	change(s) here:	(Attach additional shee	ets, if necess	sary.)	
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Effective (If an effecti	date, if other than the date of fill ve date is listed, the date must be specific	ing:and cannot be prior to	date of filing or more than 9	(option 0 days after fi	(al) ling.) Pursuant to	605.0207 (3)
Note: If	the date inserted in this block does not a constitute of the contract of the detective date on the Department of the contract	of meet the applical	ole statutory filing require	ments, this d	late will not be	isted as the
	•					
he recor	d specifies a delayed effective	date, but not	an effective time, at	12:01 a.	m. on the ea	rlier of:
	Oth day after the record is file					
Dated	July 26th	2015)		
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