

L1 4000152551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BULLSHARK 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:

LOYD GREEN
(Contact Person)

BULLSHARK FUNDING LLC
(Firm/Company)

4400 NORTH FEDERAL HIGHWAY SUITE 300
(Address)

BOCA RATON 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

LOYD GREEN

(Name of Contact Person)

at (561) 367-3700

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bullshark Funding LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/30/2014 and assigned
Florida document number L14000152551

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CLAUDIA GREEN

New Registered Office Address:

4400 N. FEDERAL HIGHWAY, SUITE 300

Enter Florida street address

BOCA RATON

City

Florida

33431

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.

Claudia Green

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
✓MGR	James Kohn	4400 N. Fed. Hwy. #300	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓MGR	LLYD GREEN	4400 N Fed Hwy #300	<input type="checkbox"/> Add
		BOCA RATON FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LLYD GREEN	4400 N Fed Hwy #300	<input checked="" type="checkbox"/> Add
		Boca Raton FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIA GREEN	4400 N Fed Hwy #300	<input type="checkbox"/> Add
		Boca Raton FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLAUDIA GREEN	4400 N Fed Hwy #300	<input type="checkbox"/> Add
		Boca Raton FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

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