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SECRETATION OF STATE
TAIL AHASSEE FLORING

J. HARRIS

COVER LETTER ,

Div	ision of Corp	orations	Name of Limited Liability Company ee(s) are submitted for filing. g this matter to the following: RSHIN Name of Person Firm/Company POINT BLVD SUITE M208 Address TL 33321 City/State and Zip Code CASH@GMAIL.COM nail address: (to be used for future annual report notification) tter, please call: at (
SUBJECT:	HOU3E PRI	VATE FUNDING LLC			
SOLUEC I.	Name of Limited Liability Company				
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		VITALIY PERSHIN			
			Name of Person		
			Firm/Company		
		8320 SANDS POINT BLV	D SUITE M208		
		-	Address		
		TAMARAC FL 33321			
		BUVINGEOR CASH@GM			
				ation)	
For further is	nformation co	ncerning this matter, please ca	all:		
VITALIY P	ERSHIN		at ()		
	Name of Person				
Enclosed is a	check for the	e following amount:			
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status			

MAILING ADDRESS:

TO:

Registration Section

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

HOU3E PRIVATE FUNDING LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	illi5 and assigned
Florida document number <u>L14600197067</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company ho	ere:
PERSHIN FUNDING LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-to -to
(Principal office address MUST BE A STREET ADDRESS)	
	rescuence.
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	27 <u>-</u>
	On Or
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the ne
Name of New Registered Agent:	My 11-12-12-13-14-14-17-17-17-17-17-17-17-17-17-17-17-17-17-
New Registered Office Address:	
Enter Flo	rida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
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Effective date, if other than the date of filing:							
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 7-9 3 Signature of a member or authorized representative of a member Typed or printed name of signee		•	<u> </u>				_
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Filing Fee: \$25.00