

L15000035923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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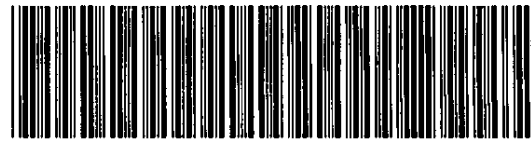
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW HORIZONS CUSTODIAL FUNDING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARNI RACHIMI

Name of Person

NEW HORIZONS EQUITY FUNDING, LLC

Firm/Company

9900 WEST SAMPLE ROAD SUITE 300

Address

CORAL SPRINGS FLORIDA 33065

City/State and Zip Code

GSTEADMAN@NHC FUNDING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARNI RACHIMI

347 675-4074
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

NEW HORIZONS CUSTODIAL 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 02/26/2015 and assigned
Florida document number L15000035923.

This amendment is submitted to amend the following:

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

NEW HORIZONS EQUITY FUNDING, LLC

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)

9900 WEST SAMPLE ROAD

SUITE 300

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9900 WEST SAMPLE ROAD

SUITE 300

CORAL SPRINGS, FL 33065

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:

New Registered Office Address:

9900 WEST SAMPLE ROAD, SUITE 300

Enter Florida street address

CORAL SPRINGS

City

, Florida 33065

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NH EQUITY PARTNERS	9900 W. SAMPLE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FALLAHASSEE, FLORIDA

16 OCT 28 PM 2146
HILLHASEE, FLORIDA

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated OCTOBER 24, 2016

Luciana Hernandez
Signature of a member or authorized representative of a member

LUCIANA HERNANDEZ, AR

Typed or printed name of signee