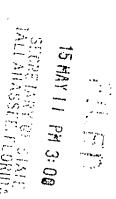
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5/8/15

RE: GBH Funding,LLC.

Please remove Mike Conlon as the Manager and Add him as an Authorized Member.

My Daytime Phone Number is: 612-803-3909

Return Address: GBH Funding,LLC.

7861 Causeway Blvd. S.

St.Petersburg, FL 33707

Sincerely,

Michael Conlon

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

613	H Fundi	ing, LLC.				
(Name of the Limited (A	Liability Company as it Florida Limited Liability	new appears on our Company)	records.)		_	
The Articles of Organization for this Limited Liab Florida document number L / 50000		iled on 3 /	17/2019	s and	assigned	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the						
The new name must be distinguishable and end with the wor	rds "Limited Liability Cor	npany," the designation	on "LLC" or the a	bbreviatio	n "L.L.C."	-
Enter new principal offices address, if applicab	le:	N/A				_
(Principal office address MUST BE A STREET	ADDRESS)					_
Enter new mailing address, if applicable:		N/A		Za		_
(Mailing address MAY BE A POST OFFICE BO	<u></u>		 	<u> </u>	55 75 10	_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ace	ddress on our re	ecords, <u>enter</u>	SS the nan		new
Name of New Registered Agent:	MIC	LAUSEWAY	-		သ ဂျာ	-
New Registered Office Address:		Enter Florida street	address			3707
	SAINT Peter	rsburg	, Florida	33 Zip Co	70 7 de	-

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Name Address** Type of Action MGR Michael Post 7868 CauseWAY BLUDS. DrAdd ST. PETE, FL 33707 Michael Cowlow 7861 CAUSEWAY Blud 5 WAdd St. Petersburg, FL Remove 37707 CAroliNA MArtinez 7349 UlMERTON ROAD WAD AMBR 1 or 332 ☐ Remove LAGO, FL 33771 ☐ Remove MGR Michael CONON 7861 CAUSEWAY Blud Sond 5+, Pete, FL 33797 PREMOVE * NOTE: Please remove Mike Conlow AS A MGR Page 2 of 3

AND Add him AS A AMBR

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
		— / /			
E.	Effect (The eff the da	tive date, if other than the date of filing: 5/12/15 (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State)			
	Dated	MAY 5TH , 2015			
		Minhall			
		Signature of a member or authorized representative of a member			
		Michael Conlon			
		Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

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