

L18000048476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
15 MAY 11 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/2

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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**

GBH 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 3/17/2015 and assigned  
Florida document number L15000048476

This amendment is submitted to amend the following:

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

N/A

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

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

Michael Post

**New Registered Office Address:**

7868 CAUSEWAY BLVD S.

ST. PETERS 33707

Enter Florida street address

SAINT PETERSBURG

Florida

33707

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.*

Michael L. Post

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Michael Post</u>	<u>7868 CAUSEWAY BLVD S.</u>	<input checked="" type="checkbox"/> Add
		<u>ST. PETE, FL 33707</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Michael Conlon</u>	<u>7861 CAUSEWAY BLVD S</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, FL</u>	<input type="checkbox"/> Remove
		<u>33707</u>	
<u>AMBR</u>	<u>CAROLINA MARTINEZ</u>	<u>7349 ULMERTON ROAD</u>	<input checked="" type="checkbox"/> Add
		<u>LOT 332</u>	<input type="checkbox"/> Remove
		<u>LARGO, FL 33771</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Michael Conlon</u>	<u>7861 CAUSEWAY BLVD S</u>	<input checked="" type="checkbox"/> Add
		<u>St, Pete, FL 33707</u>	<input checked="" type="checkbox"/> Remove

15 MAY 1 PM 3:00  
RECEIVED  
OFFICE OF STATE  
ADMINISTRATIVE  
SERVICES  
TALLAHASSEE, FLORIDA

★ NOTE: please remove  
Mike Conlon AS A MGR  
AND Add him AS A AMBR

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 5/12/15 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 5<sup>TH</sup>, 2015

  
Signature of a member or authorized representative of a member

Michael Conlon  
Typed or printed name of signee

FILED  
15 MAY 11 PM 3:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA