L15000103366

Office Use Only



600275492646

07/31/15--01029--008 **25.00

2015 JUL 31 PH 2: 45

COVER LETTER $_{\downarrow}$

Divisio	on or Corpo	PLMHOUS				
SUBJECT: _	Florida	GAP Funding, LLC				
Sobreci		Name of Limi	ited Liability Company	 		
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return al	l correspond	lence concerning this matter	to the following:			
			Bradley P. Cox			
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Firm/Company					
	4250 Alafaya Trl. Ste. 212-235					
	Address					
	Oviedo, FL 32765					
City/State and Zip Code						
			ndo.holdings@gmail.com to be used for future annual report notifi	cation)		
For further info	rmation cor	ncerning this matter, please ca	·			
Brad	dley P. Cox		724 757-3024 aı ()			
	Name of I	Person		Telephone Number		
Enclosed is a ch	neck for the	following amount:				
■ \$25.00 Fili	ng 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:

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

Florida GAP Funding, LLC

2015 JUL 31 PH 2: 46

(<u>Name of the Limited Li</u> (A F	ability Company as it now apper orida Limited Liability Company	ars on our récords:)	• • • • • • • • • • • • • • • • • • •
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on _	June 15, 2015	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
319 Woodleaf, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	· .		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>	0		
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or r registered agent and/or the new registered office		on our records, <u>en</u>	ter the name of the
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida 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:

AMBR = A	uthorized Member Name	<u>Address</u>	Type of Action
Ante	Name	AMULES	
			🗖 Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
		<u> </u>	☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

, ,			
	······································		

			, , , , , , , , , , , , , , , , , , ,
			
		-	
			
A			
- , 			
		· .	3
			E P
			—————————————————————————————————————
ffactive data if other than the de	te of filing.	(antions	n (iic)
ffective date, if other than the data nust be	specific and cannot be prior to date of	(options of filing or more than 90 days after fili	ing.) Pursuant to 605.0207-(3)(b)
Vote: If the date inserted in this block locument's effective date on the Depa	does not meet the applicable sta rtment of State's records.	tutory filing requirements, this da	ite will not be listed as the
•			¥7.
e record specifies a delayed e	ffective date, but not an e	ffective time, at 12:01 a.n	n. on the earlier of:
The 90th day after the record	l is filed.		
July 28	2015		
Dated	,		
8/1/6	0		
	nature of a member or authorized re	presentative of a member	
Sy.			

Page 3 of 3

Filing Fee: \$25.00