



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2016

GEORGE VOIPE
20230 NE 3RD CT #1
MIAMI, FL 33179

SUBJECT: GEMINI CAPITAL FUNDING,LLC
Ref. Number: L15000149677

We have received your document for GEMINI CAPITAL FUNDING,LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 216A00008847

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN -2 AM 1:25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JUN -2 AM 9:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GEMINI CAPITAL FUNDING
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:

GEORGE VOLPE
Name of Person
GEMINI CAPITAL FUNDING
Firm/Company
20230 NE 3RD CT #1
Address
MIAMI, FL 33179
City/State and Zip Code
GEORGE.VOLPE@AHO.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

GEORGE VOLPE at (305) 215-7298
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**

GEMINI CAPITAL funding

(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 Sept 1, 2015 and assigned Florida document number L15000149677.

This amendment is submitted to amend the following:

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

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)

20230 NE 3rd CT # 1
MIAMI, FL, 33179

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

20230 NE 3rd CT # 1
MIAMI, FL 33179

16 JAN -2 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

GEORGE VOLPE

New Registered Office Address:

20230 NE 3rd CT # 1

Enter Florida street address

MIAMI

City

Florida

33179

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

305-215-7298

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>
<u>MGR</u>	<u>PHIL JACOBSON</u>	<u>3204 POITOFINO PT B-3</u>	<input type="checkbox"/> Add
		<u>COCONUT CREEK, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33066</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>GEORGE VOIPB</u>	<u>20230 NE 34 CT #1</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33179</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

16 JUN -2 AM 1:25

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

E. 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(b) The 90th day after the record is filed.

Dated 4-15-2016

Handwritten signature of George Volpe

Signature of a member or authorized representative of a member

GEORGE VOLPE

Typed or printed name of signee