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(Address) (City/State/Zip/Phone #)	300320378943 11/01/1801001011 **100.00
Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	18 OCT 3
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peyton Funding Group, LLC (<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny av it now appears on our records.)	
(A Florida Limited I	Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000211226</u>	were filed on 12/21/2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
the new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable:	248 E. Bearss Ave.	
Principal office address MUST BE A STREET ADDRESS)	Suite 335	
(Principal office daaress MUST BE A STREET ADDRESS)	Tampa, FL 33613	
Enter new mailing address, if applicable:	218 E. Bearss Ave.	
	Suite 335	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Fl. 33613	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her <u>Name of New Registered Agent</u> :	ffice address on our records. <u>enter the name of th</u>	
New Registered Office Address:	Enter Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

City

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

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Title	Name	Address	Type of Action
			🖸 Add
			Remove
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. 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: _________(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 605 020° (3)(b) <u>Note:</u> 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 _	October 31		
			<u> </u>
		Signature of a member or authorized representative of a member	
		Brandon Middleton	<u> </u>
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00