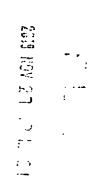
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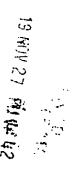
(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	idress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195

REFERENCE : 069737 _ 7

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AUTHORIZATION : Spille Com

COST LIMIT : \$ 25.00

ORDER DATE: November 27, 2019

ORDER TIME : 3:28 PM

ORDER NO. : 069737-005

CUSTOMER NO: 7233209

DOMESTIC AMENDMENT FILING

NAME: H&M MANAGER LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS:

COVER LETTER

SUBJECT:	Н&М	Manager, LLC			
5050ECT	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Sandra Ross				
		Name of Person			
	Oak Lane Partners, LLC				
Firm/Company					
	640 Lee Road, 3rd Floor				
		Address			
	Wayne, PA 19087				
		City/State and Zip Code			
	sross@oaklanepartners.com				
	E-mail address: (to be used for future annual r	report notification)		
For further information of	oncerning this matter, please ca	all:			
Karen Strickler		610 at ()	296-6183		
Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate (osed) Certified (e of Status &	

MAILING ADDRESS:

TO: Registration Section
Division of Corporations

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

H&M MANAGER.	LLC	1	• ••
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appear	rs on our records.)	
(A Florida Elitilled I	materity Company)	4211 No7 2	Peal
The Articles of Organization for this Limited Liability Company	were filed on	01/04/16	and assigned
Florida document numberL16000002136			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
VEECO FUNDING, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	640 Lee Road,	3rd Floor	
Principal office address MUST BE A STREET ADDRESS)	Wayne, PA 196	087	
		_	
Enter new mailing address, if applicable:	640 Lee Road, .	3rd Floor	
Mailing address MAY BE A POST OFFICE BOX)	Wayne, PA 190	087	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	Mice address on e:	our records, <u>e</u>	enter the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
		Florid	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		 	□ Add
		<u></u>	□ Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
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ian effective di Note: If the c	e, if other than the one is listed, the date must late inserted in this blorective date on the Dep	be specific and c ck does not me	annot be prior to et the applicat	o date of filing of the statutory fi	r more than 90 d ling requireme	_ (optional) ays after filing.) P nts, this date wi	tursuant to 605.0207
	pecifies a delayed day after the reco		te, but not	an effectiv	e time, at 1	2:01 a.m. or	n the earlier of
	December 17,		2018	-·			
Dated		/ '	_	1/			
Pated		Shr	mah	mfors	ive of a member		

Page 3 of 3

Filing Fee: \$25.00