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JUL 19 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Trust Funding Group, LLC
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:

Barbara Bratton Hobbs
Name of Person

First Trust Funding Group, LLC
Firm/Company

11 San Marco Street Unit 1101
Address

Clearwater FL 33767
City/State and Zip Code

tampa diamonds@aol.com, barbscarpo@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Scarpo at (813) 205-7288
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$ 25.00

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TALLAHASSEE, FLORIDA
16 JUL 18 PM 5:50

TO
ARTICLES OF ORGANIZATION
OF

First Trust Funding Group, 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 02/23/2016 and assigned
Florida document number L16 0000 383.08

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)

Enter new mailing address, if applicable:

(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:

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Name change due to
marriage. From Hobbs to
Scarpo

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barbara B. Scarpo		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF
TALLAHASSEE, FLORIDA
JUL 18 2 50 PM '06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 18 PM 2:50

E. Effective date, if other than the date of filing: 7/7/2016 (optional)

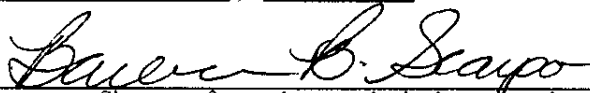
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____, _____.



Signature of a member or authorized representative of a member

Barbara B. Scarpo

Typed or printed name of signee