LI600100309

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SECRETARY OF STATE

S Warren MAR 2 7 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Capital Funding Financial LLC Name of Limited Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrew Weissman Name of Person
Capital Funding Financial LCC
5645 Conal Ridge dr. #184
Coral Springs FL 33076 City/State and Zip Code
A Weiss Man Q Drestige - wholescale - net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Weissman at (954) 444-7928 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

Capital Funding F	INCINCICA any as it now appear Liability Company)	LUC s on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	5/23/16 and assigned	
Florida document number <u>L 16000100309</u> .			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	esignation "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 of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, enter the name of the new	
New Registered Office Address:	Enter Flor	ida street address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	t <u>:</u>		
I hereby accept the appointment as registered agent and agent or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of provided for in C e address, I hereb	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is by confirm that the limited liability	
If Cha	anging Registered Ag	ent, Signature of New Registered Agent	

Page 1 of 3

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
AMBR	Andrew Weissman	· · · · · · · · · · · · · · · · · · ·	Add
		5645 Caral Ridge dr. #184 Conal Springs, Fl 33076	Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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an effecti	ive date is listed, the		and cannot be prior to			filing.) Pursuant to 6	
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Filing Fee: \$25.00