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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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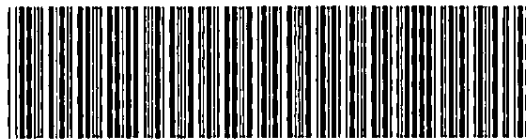
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. LEGAL FUNDING, 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:

Ramsey Villalon

Name of Person

Mamone Villalon PLLC

Firm/Company

2525 Ponce de Leon Blvd, Suite 300

Address

Miami, Florida 33134

City/State and Zip Code

ramsey@mvlawpllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramsey Villalon

786 441-5281
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

U.S. LEGAL FUNDING, 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 June 15, 2016 and assigned
Florida document number L16000115347.

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)

2525 Ponce de Leon Blvd, Suite 300

Miami, Florida 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2525 Ponce de Leon Blvd, Suite 300

Miami, Florida 33134

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:

Mamone Villalon PLLC

New Registered Office Address:

2525 Ponce de Leon Blvd, Suite 300

Enter Florida street address

Miami

City

Florida 33134

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>	<u>Address</u>	<u>Type of Action</u>
Owner	Adelson, Charles Jay	450 Alton Road, Apt 1502	<input type="checkbox"/> Add
		Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Adelson, Harvey Jerome	450 Alton Road, Apt 1502	<input type="checkbox"/> Add
		Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Honest Lenders Corp.	8 The Green, STE A	<input type="checkbox"/> Add
		Dover, Delaware 19901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

Dated November 17 2020

Signature of a member or authorized representative of a member

Charles Jay Adelson

Typed or printed name of signee

Filing Fee: \$25.00