L1600016659

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations			
OUR POT	COMMUNIT	Y FUNDING LCC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	ANTONIO GONZALEZ			
		Name of Person		
	GONZALEZ & ASSOCIA	ATES III PA		
Firm/Company				
8436 W OAKLAND PARK BLVD				
Address				
	SUNRISE, FL 33351			
		City/State and Zip Code		
	ERIVAS@AMEFINANC			
		to be used for future annual report i	otification)	
For further informatio	n concerning this matter, please c	all:		
ANTONIO GONZALEZ		954 773-728 at ()		
Nan	e of Person	Area Code Day	time Telephone Number	
Enclosed is a check for	or 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)	
Reg Div	ILING ADDRESS: distration Section dision of Corporations Box 6327	STREET/COU Registration Se Division of Con Clifton Buildin	porations	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FUNDING LCC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp. Florida document number 116000166559	pany were filed on 09/06/2016 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
COMMUNITY FUNDING LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS	S)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, enter the name of the here:		
New Registered Office Address: Enter Florida street address			
	Florida		
	, Florida, Zip Code		
New Registered Agent's Signature, if changing Registered Ag	ent:		
	agree to act in this capacity. I further agree to comply with plete performance of my duties, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Sent

Page 1 of 3

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 limited is

company has been notified in writing of this change.

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
MGR	YAJAIRA E. PEREZ	301 BONAVENTURE	
		WESTON, FL 33326	■ Remove
			Change
MGR	JOSE I. VARILLAS P.	301 BONAVENTURE	■ Add
		WESTON, FL 33326	□ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
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Note: I locume e rece	ve date, if other than the date cive date is listed, the date must be so the date date inserted in this block of the date inserted on the Department's effective date on the Department specifies a delayed effective day after the record	does not meet the applicable soment of State's records. Fective date, but not an	statutory filing requireme	nts, this date will not	be listed as the
ated _	NOVEMBER 01	, 2017	W		
		Much	mV	Eg:	17
	Sign	ature of a member or authorized	representative of a member		
		YAJAIRA E. P	EREZ		<u> </u>
		Typed or printed nar			
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		Page 3 o	f3		Più.

Filing Fee: \$25.00