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(Reque	stor's Name)
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C				
CUDIE	Patrick I	easing, LLC			
SUBJE	L1;	Name of Limited Liability	Company		
The enc	losed Articles	of Amendment and fee(s) are submitted for fil	ing.		
Please re	eturn all corre	spondence concerning this matter to the follow	ing:		
		Denise N .Murphy			
		Name	of Person		
		Patrick Leasing, LLC			
		Firm/C	Company		
		276 Plymouth Street			
		Ad	dress		
		Safety Harbor, FL 34695		_	5 EE
		City/State a	and Zip Code		TANASSEE, FLORIC
		E-mail address: (to be used for	future annual report notific	cation)	1 880
For furtl	ner informatio	n concerning this matter, please call:			2 2
Denise	N. Murphy	at (725-8101		2:50
	Nam		rea Code Daytime	Telephone Number	
Enclose	d is a check fo	r the following amount:			
\$25	.00 Filing Fee	Certificate of Status Certificate	Filing Fee & Fied Copy Fied 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAT	TRICK LEASING, LLC	
(<u>Name of the Limited Liab</u> (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L17000004554}{L17000004554}$	Company were filed on 01/05/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
PATRICK LEASE FUNDING, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		一种
		2 20
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		33.5
		2
		77 5
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the</u> ldress here:	name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		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

MGR = M	Ianager . Authorized Member		
Title	Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
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Nective date is listed, t If the date inserted	than the date of filing: the date must be specific and ca d in this block does not mee e on the Department of Stat	annot be prior to date of et the applicable stati	filing or more than 90 da	(optional) ys after filing.) Pursuant to its, this date will not be	o 605.02 e listed
ecord specifies a e 90th day after	a delayed effective dat r the record is filed.	te, but not an efi	ective time, at 12	2:01 a.m. on the e	arlier
April 6, 2017		_			
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Page 3 of 3

Filing Fee: \$25.00