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115 N CALHOUN ST., STE. 4 **TALLAHASSEE, FL 32301** P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088 For any issues please contact **Cheyanne Davis**

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ON FILING

COVER LETTER

TO: Registration Section Division of Corporations

PRIME CASE FUNDING LLC

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Name of Foreign Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GINA MEYERS

Name of Person

RIMON PC

Firm/Company

100 JERICHO QUADRANGLE, SUITE 300

Address

JERICHO, NEW YORK 11753

City/State and Zip Code

GINA.MEYERS@RIMONLAW.COM

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

For further information concerning this matter, please call:

GINA	MEYERS	at (516)	479-6353
Nam	e of Person		ode & Daytim	ne Telephone Number
Registration Division of C Clifton Build 2661 Execut	Corporations		Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check	for the following amount: \$30 Filing Fee & Certificate of Status	🔲 \$ 55 I	Filing Fee & ified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME CASE FUNDING LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/1/2017 ______ and assigned

Florida document number _____ L17000047988

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PLAINTIFF ADVANCE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	N
_	Flo	orida
	Curv	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

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Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	AUGUST 23	2024	
-		(not the second	
	Signature	e of a member or althorized representative of a member	
		LEO GOLDENBERG	
-		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00