

L1700009917

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S. YOUNG

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17 MAR 28 PM 3:48

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Goliath 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:

Shani Klestzick
Name of Person

Goliath Funding LLC
Firm/Company

10154 Aqua Vista way
Address

Boca Raton, FL 33428
City/State and Zip Code

shanklez@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Shani Klestzick at (561) 801-4444
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Goliath 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 03/15/17 and assigned
Florida document number L1700009917.

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)

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

Name of New Registered Agent:

Shani Klestzick

New Registered Office Address:

10154 Anna Vista way

Enter Florida street address

Florida

City

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.

Shani Klestzick

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

Title	Name	Address	Type of Action
AMBR	Shari Kestrick	10154 Aqua Vista Way, Boca Raton, FL 33428	☐ Add
			☐ Remove
			☐ Change
MGR	Joshua Eric Kestrick	10154 Aqua Vista Way, Boca Raton, FL 33428	☐ Add
			☒ Remove
			☐ Change
MGR	Shari Kestrick	10154 Aqua Vista Way, Boca Raton, FL 33428	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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17 MAR 20

17 MAR 28 PM 3:48
TALLAHASSEE, FLORIDA
SECRETARY OF FLORIDA
TREASURY STATE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3/22/17, _____

Sharon Klossner

Signature of a member or authorized representative of a member

SHANI KLESTZICK

Typed or printed name of signee