117000123439

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SECRETARY OF STATE FALLAHASSEE, FLORIDA COVER LETTER

TO:	Registration Se Division of Cor				
SUBJI	ECT. Loa	net Funding LLC			
0000		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Jean E Pierre	\ \		
			Name of Person		
			Firm/Company		
		1100 4 Marshara Blo	0		
		11684 Ventura Blv	Address		
		Studio City, CA 91		,	
		1	City/State and Zip Co	de	
		loanetfunding@o	o be used for future ann	ual report notification)	
For fur	ther information c	oncerning this matter, please ca	ill:		
,	Jean E Pierre		at (<u>818-</u>)	679-6727	
	Name o	f Person	Area Code	Daytime Telephone N	Vumber
Enclos	ed is a check for th	ne following amount:			
□ \$2.	5.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is	Ce enclosed) Ce	e.00 Filing Fee, entificate of Status & rtified Copy ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Regisi Divisi Clifto 2661 i	ET/COURIER ADDREST Tration Section of Corporations in Building Executive Center Circle massee, FL 32301	SSS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loanet Funding LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	s it now appe lity Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company we	e filed on _	06/06/2017	_ and assigned
Florida document numberL17000123439			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	e designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		·	TALE SE
_			LA CRE
	1		R TAS
Enter new mailing address, if applicable:	1		SEE SEE
(Mailing address MAY BE A POST OFFICE BOX)			FLS
Training management be at 1001 01110E BOAT			- 1 22
-			<u>@</u> -
B. If amending the registered agent and/or registered offic	e address o	on our records, enter th	e name of the new
registered agent and/or the new registered office address here:	T		the state of the state of
	\		
Name of New Registered Agent:			
N D : 1007 A11			
New Registered Office Address:	Enter Fi	lorida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	\(\)		Alp Code
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as pro	rformance a	of my duties, and I am fan	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

company has been notified in writing of this change.

MGR = N $ AMBR = N$	Aanager Authorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Lamarre	16745 Cagan Crossing	s Blvd Ste 102B
		Clermont, FL 34714	
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			☐ Change
		_	Add
	•		□ Remove
			Change
		_	
			□ Remove
			Change
			П Remove
			☐ Change

D. If amend	ing any other information, enter	charge(s) here: (A	tach additional sheets, if ne	ecessary.)	
•					
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				7: 5 ::	TATI ORIG
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(If an effective Note: If t	date, if other than the date of filing the date is listed, the date must be specific a the date inserted in this block does not a seffective date on the Department of	ind cannot be prior to date t meet the applicable st	of filing or more than 90 days aft	tional) ter filing.) Pursuant to 605 his date will not be liste	.0207 (3)(b) ed as the
	d specifies a delayed effective oth day after the record is filed		effective time, at 12:01	a.m. on the earlie	er of:
Dated	February 22	2018			
		A Am	~		
	Signature of	a member or authorized i	epresentative of a member		
	Jean E Pierre				
		Typed or printed nam	e of signee		

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Filing Fee: \$25.00