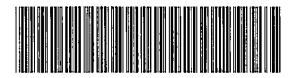
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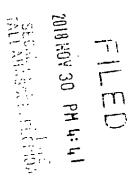
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PICK-UP WAIT MAIL
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Amend

DEC 0 5 2018

I ALBRITTON

## **COVER LETTER**

SUBJECT: TCW	Name of Digital	ed Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
-	Jardan	Name of Person		
-	Ting Fu	Sirm/Company		
-	1411 NE 3.	Address	Suite	<u>suo</u>
- -	Jardan & E-mail address: (to	FL City/State and Zip Code  TCMFin Te used for future annua	33132	
For further information conce				,
Savidan Name of Per	Sygson	at ( <u>7</u> CS) Area Code	213 C	1221 Ohone Number
Enclosed is a check for the fo	llowing amount:			
<b>☑</b> \$25.00 Filing Fee □	3 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

The Funding.	LLC
( <u>Name of the Limited Liability'</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>レバオののの128</u> 6	inpany were filed on $6/12/2017$ and assigned $6/12/2017$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here: d Liability Company," the designation "LLC" or the abbreviation "L.iC."
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	141 ME 3rd AUR
(Principal office address MUST BE A STREET ADDRE.	
	Miam, FL 33132
Enter new mailing address, if applicable:	1411 ME 3rd Ave
(Mailing address MAY BE A POST OFFICE BOX)	Suite 500
	Michin: FL 33132
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> s <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	141 NE 3-i W	<ul> <li>Type of Action</li> </ul>
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				Remove
				Change
mg/	Sardan Sygon	6301	Rue Lagoon d	D Add
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		<del></del>		Add
				Remove
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				Remove
				Change

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Filing Fee: \$25.00