

217000176428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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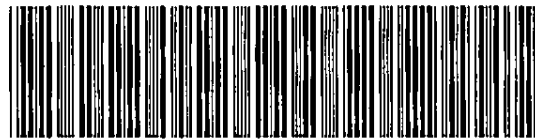
(Business Entity Name)

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2018 NOV -2 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

NOV 20 2018



Jonathan Alper, Esq.

Gideon Alper, Esq.

Jackie Royal, Paralegal

October 30, 2018

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Orlando Discount Funding, LLC  
L17000176428

To Whom It May Concern:

Please file the enclosed Articles of Amendment to Articles of Organization for Orlando Discount Funding, LLC amending the address of the LLC, the registered agent/registered office, and the managers.

A check for \$25 is enclosed. Please let me know if additional information is required.

Sincerely,

Jackie Royal, Paralegal  
[jroyal@alperlaw.com](mailto:jroyal@alperlaw.com)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
ORLANDO DISCOUNT FUNDING, LLC**

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**FILED**  
2018 NOV -2 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for Orlando Discount Funding, LLC, a Florida limited liability company, were filed on August 17, 2018 and assigned Florida document number L17000176428.

This amendment is submitted to amend the following:

**AMENDED ADDRESS OF LLC**

The principal office address is: 11478 Pine Street, Jacksonville, FL 32258

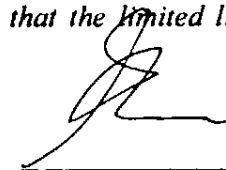
The mailing address is: 11478 Pine Street, Jacksonville, FL 32258

**AMENDED REGISTERED AGENT/REGISTERED OFFICE**

The name of the new Registered Agent is: Gideon I. Alper, Esq.

The name of the new registered office address is: 2572 West SR 426, Suite 1024, Oviedo, FL 32765

*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.*



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Gideon I. Alper  
Registered Agent

**AMENDED MANAGER(S)**


Title	Name	Address	Type of Action (Add / Remove)
Manager	John Evans	2804 St Johns Bluff Rd Suite 200 Jacksonville, FL 32246	Remove
Manager	Kimber Andrews	11478 Pine Street Jacksonville, FL 32258	Add

**OTHER AMENDMENTS**

NONE

**EFFECTIVE DATE:** The Amendments are effective upon filing.

Dated: 10-9-18

  
Kimber Andrews  
Manager/Authorized Representative