## 117000211761

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## **COVER LETTER**

	egistration Section Section of Corp					
entre en ever	Hatch Fund	ing, LLC				
SUBJECT	:	Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Ben Grauer				
			Name of Person			
		Hatch Funding, LLC				
			Firm/Company	<del>in-u-</del>		
		390 N. Orange Avenue, St	rite 2300			
			Address			
		Orlando, Florida 32801				
		City/State and Zip Code				
		ben@hatchfunding.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For further	information co	oncerning this matter, please ca	all:			
Ben Graue	r		407 401-9145 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e 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

Hatch Funding, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000211761</u> .	y were filed on 10/12/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	pility 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)	
registered agent and/or the new registered office address her  Name of New Registered Agent:	<u>TC</u> :
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and a provided for in Chapter 605, F.S. Or, if this document is the address, I hereby confirm that the limited liability and liab
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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dwight Richert	390 N. Orange Avenue, Suite 2300	Add
		Orlando, Florida 32801	<b>⊟</b> Remove
			□ Change
AMBR	Triple R-F. LLC	390 N. Orange Avenue, Suite 2300	Add
		Orlando, Florida 32801	□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
		<del></del>	Add
			Company Compan
			بند □ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	. · ·	
		<del></del>
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	·-	
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	·	
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not	be listed as
the record specifies a delayed effective date, but not an effective time, at 12:01 a ) The 90th day after the record is filed.	.m. on the	earlier of
Dated November 29 2017		
Signature of a member of authorized representative of a member	<u> </u>	17 NOV
Josetyne A. Macelloni, Esq.	25.2 27.2 28.5	30
Typed or printed name of signee	17721	<b>3</b> 5
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Filing Fee: \$25.00