

L17000 216 808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

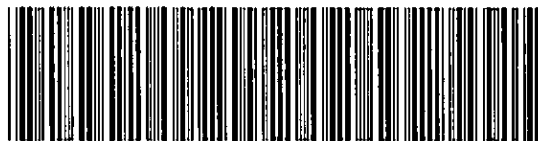
(Business Entity Name)

(Document Number)

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FILED  
2019 APR 11 PM 5:24

Amend/cc  
cris

APR 17 2019

LALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABSOLUTE FUNDING VENTURES 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:

ALEXA GUIDETTI

Name of Person

ABSOLUTE FUNDING VENTURES LLC

Firm/Company

1000 S. HARBOR ISLAND BLVD, APT 2209

Address

TAMPA, FL 33602

City/State and Zip Code

operations@absolutefundingventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXA GUIDETTI

Name of Person

at (413) 230 - 9247

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**

ABSOLUTE FUNDING VENTURES LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2019 APR 11 PM 5:24  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/19/2017 and assigned  
Florida document number L17000216808.

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)

1000 S. HARBOUR ISLAND BLVD, Apt 2209  
TAMPA, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 S. HARBOUR ISLAND BLVD, Apt 2209  
TAMPA, FL 33602

**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:

Alexa Guidetti

New Registered Office Address:

1000 S. Harbour Island Blvd. Unit 2209

Enter Florida street address

Tampa

City

Florida

33602

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.*

Alexa Guidetti

**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>	<u>Type of Action</u>
<u>AMBR</u>	<u>JONATHAN GIBBONS</u>	<u>3012 W. BARCELONA ST #7</u>	<input type="checkbox"/> Add
		<u>TAMPA, FL 33629</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>ALEXA GUIDETTI</u>	<u>1000 S. HARBOR ISLAND BLVD.</u>	<input checked="" type="checkbox"/> Add
		<u>APT 2209</u>	<input type="checkbox"/> Remove
		<u>TAMPA, FL 33602</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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 filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Alexa Christoff  
Signature of a member or authorized representative of a member

Typed or printed name of signee