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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	of Status
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COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
	• • · · · · · · · · · · · · · · · · · ·	FUNDING CH	OICE GROUP II, LLC	
SUBI	JECT:	Name of Limi	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	e return alt correspo	ondence concerning this matter t	to the following:	
		ELOISA A. I	RODRIGUEZ	
		FUNDING C	Name of Person HOICE GROUP II, LLC	
			Firm/Company	, , , , , , , , , , , , , , , , , , ,
		61 EDGEWA	ATER DR, SUITE #4	
			Address	
		CORAL GAI	BLES, FL 33133	
			City/State and Zip Code	
			HOICE@YAHOO.COM o be used for future annual report no	nification)
E É			•	All Callon
rorru	irther information c	oncerning this matter, please ca	п.	
E	ELOISA A RODRIGU	EZ	at (305) 799-5963	
	Name o	f Person		ime Telephone Number
Enclo	ised is a check for ti	ne totlowing amount:		
□ \$:	25.00 Filing Fee	□図 \$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/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FUNDING CHOICE GROUP II, LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability		2017 and assigned Florida document
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	-
Enter new mailing address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office ad		erds, anter the name of the new
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

it 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

Litte	Name	Address 4210, Office Tower, Convention Plaza	Lype of Action
AMBR	I K GLOBAL LIMITED (210024) Mohd Kyairil Anuar Syah Kamarodin	1 Harbour Road, Wanchai, Hong Kong	
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ffectiv	e date, if other than the date of fi	iling:(optional)
an effec	ctive date is listed, the date must be specifie	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 of meet the applicable statutory filing requirements, this date will not be listed
	nt's effective date on the Department	
e reco	ord specifies a delayed effectiv	ve date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is file	
		Ladrigue
ated	October 27, 2017	
	Signature a	of a member or authorized representative of a member
	Signature o	of a memory of audiornous representative of a memory
	ELOISA	A A RODRIGUEZ

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Filing Fee: \$25.00