

# L17000228662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

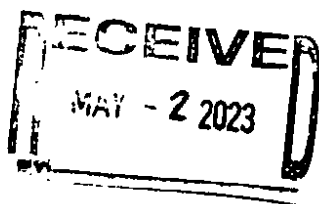
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

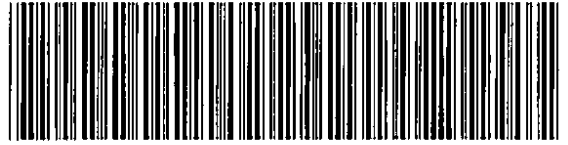
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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7/12/23 - 7:16:31  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2023

CHRISTINE COURY  
FLORIDA FUNDING, LLC  
3220 SW 31ST RD, STE 201  
OCALA, FL 34474 US

SUBJECT: FLORIDA FUNDING, LLC  
Ref. Number: L17000228662

We have received your document for FLORIDA FUNDING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 823A00014105

RECEIVED

JUL 07 2023

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Funding, 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:

Christine Coury

Name of Person

Florida Funding LLC

Firm/Company

3220 SW 31st Rd. Ste 201

Address

Ocala, FL 34474

City/State and Zip Code

accounting@florida-funding.com

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

For further information concerning this matter, please call:

Christine Coury

352

363-6982

at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**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>
Director	Rohan Crichton	5811 SW 185th Way	<input type="checkbox"/> Add
		Southwest Ranches, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Lauren v Bowen	500 SE 49th Ave	<input type="checkbox"/> Add
		Ocala, FL 34471	<input checked="" type="checkbox"/> Remove
			<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"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated April 27, 2023

Signature of a member or authorized representative of a member

Daniel Walters

Typed or printed name of signee

03:02

**Filing Fee: \$25.00**