## L17000228662

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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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

JUL 0 7 2023

## COVÉR LETTER

TO:

Registration Section Division of Corporations

Florida Fur	nding, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christine Coury			
		Name of Person		-
	Florida Funding LLC			
		Firm/Company	·	_
	3220 SW 31st Rd. Ste 201			7.
		Address	<u>-</u>	- :
	Ocala, FL 34474			1
		City/State and Zip Code		
	accounting@florida-funding			. : M
		to be used for future annual report noti	fication)	్ - : స్ట
For further information of	concerning this matter, please c	all:		: . 10
Christine Coury		352 363-6982 at ()		
Name o	d Person	Area Code Daytim	e Telephone Numbe	ī
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 8	310



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Funding, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 06, 2017	and assigned
Florida document number L17000228662		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2
		<u> </u>
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del>ား ့ တို့                                 </del>
		16 2
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the i</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	L. Zip Code
	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

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>	Address	Type of Action
Director	Rohan Crichton	5811 SW 185th Way	□Add
		Southwest Ranches, FL 33332	■Remove
			□Change
Mgr	Lauren v Bowen	500 SE 49th Ave	□Add
		Ocala, FL 34471	<b>∃</b> Remove
		·	Change
<del></del>			2
			Remove
			☐ Change
		<del></del> -	□Remove
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Effective date, if other than	the date of filing:		(option	al)
f an effective date is listed, the dat	e must be specific and canno		ng or more than 90 days after fil	ling.) Pursuant to 605.0207
Note: If the date inserted in the document's effective date on t			ry filing requirements, this d	late will not be listed as
record specifies a delayed eff	ective date, but not an et	fective time, at 12:0	l a.m. on the earlier of: (b)	The 90th day after the
d is filed.				~_:
Dated April 27	20	23		
Jaica	·	•		
		the		:
	Signature of a memb	er or authorized represe	entative of a member	<u></u>
				<b>-</b> ·

Filing Fee: \$25.00

Typed or printed name of signee