

L18000002728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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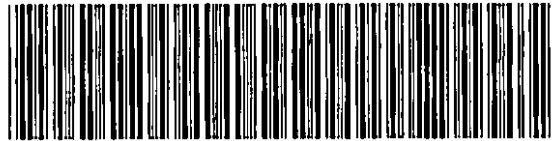
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 13 PM 12:15

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AUG 16 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRAND RESERVE UNIT 4612, 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:

LEXI MERGENS

\_\_\_\_\_  
Name of Person

LM FUNDING, LLC

\_\_\_\_\_  
Firm/Company

302 KNIGHTS RUN AVE SUITE 1000

\_\_\_\_\_  
Address

TAMPA, FL 33602

\_\_\_\_\_  
City/State and Zip Code

INFO@LMFUNDING.COM

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

For further information concerning this matter, please call:

LEXI MERGENS

at ( 813 ) 222-8996

\_\_\_\_\_  
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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GRAND RESERVE UNIT 4612, 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 Company were filed on 01/03/2018 and assigned  
Florida document number L18000002728

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:**

6210 44TH STREET NORTH SUITE 18

**(Principal office address MUST BE A STREET ADDRESS)**

PINELLAS PARK, FL 33781

**Enter new mailing address, if applicable:**

6210 44TH STREET NORTH SUITE 18

**(Mailing address MAY BE A POST OFFICE BOX)**

PINELLAS PARK, FL 33781

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**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:

GENERAL LEDGER INC

New Registered Office Address:

12100 SEMINOLE BLVD SUITE 36

*Enter Florida street address*

LARGO


*City*

Florida 33778

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	JONES, DYLAN	301 WEST PLATT STREET	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REO HOLDINGS MANAGEMEN	301 WEST PLATT STREET	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAMBERLAIN, ALINA	10265 GANDY BLVD N #1314	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33702	<input 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

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FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 AUG 13 PM 12:15

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 9th, 2018

LMergers  
of a member or authorized repres

Signature of a member or authorized representative of a member

Lexi Mergens  
Typed or printed name of signatory

Typed or printed name of signee