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NECRETARY OF STATE
JALLAHASSEE FI ORINA

AUG 11 2018 S. YOUNG

COVER LETTER

TO: Registration Division of C		4			
	night Financing, LLC	·			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Picase return all corre	spondence concerning this matter	to the following:			
	Mark P. Stopa				
		Name of Person		_	
	Loan Pickle, LLC				
		Firm/Company	- 	_	
	447 Third Ave. N., Suite	409			
		Address	_	AUG Chelia Laha	71
	St. Petersburg, FL 3370	1		G -7 ASSE ASSE	=
		City/State and Zip Code			LED
	mark@loanpickle.net	to be used for future annual report notifi	eation)	1 5: 06 STATE LORIDA	
For further information	n concerning this matter, please c	·		06 DA	
Mark P. Stopa		727 667-4808			
Nam	e of Person		Telephone Numbe	r	
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Reg Divi	ILING ADDRESS: istration Section sion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it not (A Florida Limited Liability Co	r <u>appears on our records.</u>) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L18000140297	I on June 6, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
Loan Pickle, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	y," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u> </u>
	A. 6 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7. ⊋ □
	000 5:
)A
B. If amending the registered agent and/or registered office addinguistered agent and/or the new registered office address here:	ess on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	nter 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Phil Garfinkle	1031 First St. S., Suite 604	<u></u> ≅ Add
		Jacksonville Beach, FL 32250	□ Remove
			□ Change
			□ Add
			☐ Remove
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ective date, if other than th	June 6, 2018		(option	₹ 🗆
n effective date is listed, the date m	ust be specific and cannot be prior to da block does not meet the applicable	te of filing or more than 90 statutory filing requiren	days after file T. Purse	ingt to 605.02
record specifies a delaye The 90th day after the re	ed effective date, but not ar cord is filed.	effective time, at	12:01 a.m. on th	ne earlier
August 3	, 2018			
Marin P Th	\geq			
	·			
//	Signature of a member or authorized	d representative of a memb	ет	

Page 3 of 3

Filing Fee: \$25.00