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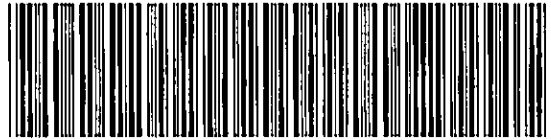
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DIVISION OF CORPORATIONS
18 SEP 14 AM 9:05

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SEP 18 2018

SHUMAKER.

Shumaker, Loop & Kendrick, LLP

W. KENT IHRIG

(813) 227-2354

kihrig@slk-law.com

Bank of America Plaza 813.229.7600
101 East Kennedy Boulevard 813.229.1660 fax
Suite 2800
Tampa, Florida 33602

www.slk-law.com

September 13, 2018

VIA FED EX

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

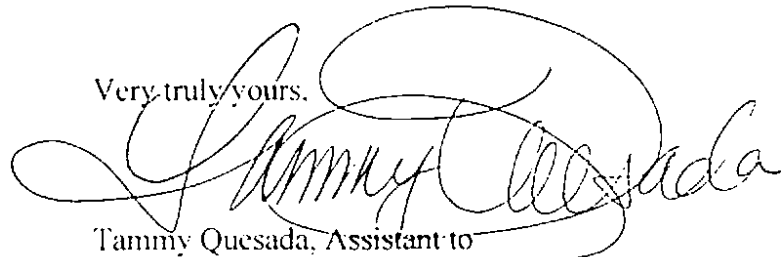
Re: Articles of Amendment to Articles of Organization
Of Choccolocco Funding, LLC
Our File No.: B21406-163143

To Whom It May Concern:

Enclosed please find the original signed Articles of Amendment to Articles of Organization of Choccolocco Funding, LLC and our firm check in the amount of \$25.00 for filing.

Should you have any questions, please contact me at (813) 676-7209 or email tquesada@slk-law.com.

Very truly yours,

A handwritten signature in black ink, appearing to read "Tammy Quesada", with a large, stylized loop at the end.

Tammy Quesada, Assistant to
William Kent Ihrig

Atq
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chocolocco 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:

W. Kent Ihrig, Esq.

Name of Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

101 East Kennedy Boulevard, Suite 2800

Address

Tampa, Florida 33602

City/State and Zip Code _____

kihrig@slk-law.com

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

For further information concerning this matter, please call:

W. Kent Thrig, Esq. 813 229-7600
 _____ 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Choccolocco Funding, 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 September 10, 2018 and assigned Florida document number L18000215056.

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:

(Principal office address MUST BE A STREET ADDRESS)

13014 N. Dale Mabry Highway

#221

Tampa, FL 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13014 N. Dale Mabry Highway

#221

Tampa, FL 33618

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 14 AM 9:05

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
DIVISION OF CONSTRUCTION
18 SEP 14 AM 9:05

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 September 13 2018

Signature of a member or authorized representative of a member

W. Kent Thrig

Typed or printed name of signee