

Office Use Only



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DEPARTMENT OF STATE O

D SCOTT MAY 2.4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 776848 825481

AUTHORIZATION ,-:

COST LIMIT :/\\$_25.00

ACCOUNT NO. : 12000000195

ORDER DATE : May 22, 2019

ORDER TIME : 1:03 PM

ORDER NO. : 776848-005

CUSTOMER NO: 8254810

DOMESTIC AMENDMENT FILING

NAME: EQUITAS FUNDING LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equitas Funding LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as It now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number L19000120845	were filed on May 3, 20	019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Morris Funding LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			27
- 			
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our a	records, enter the	name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
Non- Desistant A sentile Clauston 15 June 19 1	City	ž	Lip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete j	ee to act in this capacit performance of my dut	ty. I further agree . ties, and I am fami	to comply with th liar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action	
			□ Add	
			Remove	
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary	••
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Effeci If an ei	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block date are several to the date of filing or more than 90 days after filing.)	humunut to 405 020
<u>. 101C.</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date whent's effective date on the Department of State's records.	ill not be listed as
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the earlier o
Dated	5/20/19	
	Signature of a member or authorized representative of a member	
	Todd Phalins - Vika Pinsian Typed or printed name of signee	.'\

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Filing Fee: \$25.00