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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Division of	n Section Corporations		
eud ie		UNDING, LLC		
SUBJE	C1:	Name of Li	mited Liability Company	
The enc	losed Articles	s of Amendment and fee(s) are su	abmitted for filing.	
Please r	etum all corre	espondence concerning this matte	er to the following:	
		JAMES P FAWTHROP		
		GO FUNDING, LLC	Name of Person	
		767 BLANDING BLVD	Firm/Company 110A	
		ORANGE PARK FL 32	Address	
		JAMES.FAWTHROP@A	City/State and Zip Code TT.NET	
			(to be used for future annual report noti	fication)
For furti	her informatio	on concerning this matter, please	call:	
JAMES	P FAWTHR	ОР	904 524-0653 at ()	
	Nam	ne of Person		a Telephone Number
Enclos c e	d is a check fo	or 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:

TO:

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

GO FUNDING, LLC	
(Name of the Limited Liability (A Florida Li	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L19000167942	ipany were filed on 06/26/2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
he 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 ADDRES	<u>ssy</u>
	25
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	9 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	म् हुँ
3. If amending the registered agent and/or register egistered agent and/or the new registered office addres	ed office address on our records, enter the name of t
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 due, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
	SAMANTHA JAPSI	767 BLANDING BLVD 110A ORANGE PARK FL, 32065	Add
			■ Remove
			☐ Change
			☐ Remove
			Add
			🖸 Remove
			☐ Change
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			☐ Remove
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	10/22/2010
(If an effective <u>Note:</u> If the	ate, if other than the date of filing: 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)(be date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record (b) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	2/2019 2019
	Signature of a member apphorized representative of a member
Į	AMES P FAWTHTHROP
-	Typed or printed name of signee

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Filing Fee: \$25.00