

L70 000254814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

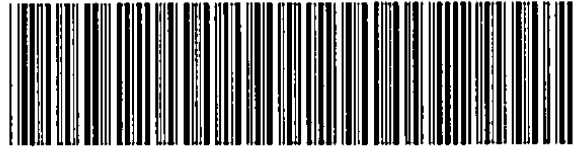
(Business Entity Name)

(Document Number)

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: 4697 Carambola Funder, LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Jahangani
Name of Person
Prosper Financial Solutions, LLC
Firm/Company
7829 Travelers Tree Dr., Boca Raton, FL 33433
Address
Boca Raton, FL
City/State and Zip Code
john@pfshardmoney.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Jahangani 561 290-3403
Name of Person at () 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

4697 Carambola Funder, LLC

(Name of the Limited Liability Company as it now appears on our records.) 1: 09
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 8/18/2020 and assigned
Florida document number L20000254814.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

_____, Florida _____
City Zip Code

By 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

Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

BR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	Global Currency Reserve LP	117 Main Street	<input checked="" type="checkbox"/> Add
		Cary, IL 60013	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	James Meyer	28152 Gray Barn Ln.	<input checked="" type="checkbox"/> Add
		Lake Barrington, IL 60010	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	Brian Atkins	117 Main Street	<input type="checkbox"/> Add
		Cary, IL 60013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	PROSPER FINANCIAL SOLUTIONS	PO BOX 880282	<input type="checkbox"/> Add
		Boca Raton, FL 33488	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11/18/2011 11:07:09

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.

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 18, 2020

Signature of a member or author

Signature of a member or authorized representative of a member

John Jahangani

Typed or printed name of signee