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SECRETARY OF STATE

· COVER LETTER

TO:	Registration Se Division of Cor	ction porations				
SUBJE	TP Capital	Funding, LLC	•			
.5() 15()	CI	Name of Limi	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Valencia Percy Flakes				
		TP Capital Funding, LLC	Name of Person		2022 AUG -4 SECRETAR TALLAHASS	1
			Firm/Company		171	1
		189 S. Orange Ave Ste. 141			PH 4: 11 OF STATE E.FLORIO	ζ.
		Orlando, FL 32801	Address		AND AND AND AND AND AND AND AND AND AND	
		vflakes@gobelflakes.com	City/State and Zip Code		-	
			o be used for future annual report notifi	cation)		
For furth	ner information co	oncerning this matter, please ca	dl:			
Valencia	a Percy Flakes		407 491-5144 at ()			
	Name of	Person		Telephone Number	r	
Enclosed	l is a check for th	e following amount:				
■ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tolloboness III 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ipany as it now appears on our record Liability Company)	ords.)
ny were filed on July 20, 2022	and assigned
ability company here:	
ability Company," the designation "L	LC" or the abbreviation "L.L.C."
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ee address on our records, <u>ent</u>	ter the name of the new regis
Futar Elsvisla etvent ach	drave
vager proman street dat	aress
	Florida Zip Code
	ability company here: ability Company." the designation "E

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 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>	Address	Type of Action
MGR	Valencia Percy Flakes	189 S. Orange Ave. STE. 1430	≣ Add
		Orlando, FL 32801	□Remove
			□Change
Pres	Valencia Percy Flakes	189 S. Orange Ave. Ste 1430	
		Orlando, FL 32801	\\\
			□Change
			SECRETARY OF STATE ORID!
			
			□Change
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			□Remove
			
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			□Change

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ffect	re date, if other than the date of filing:(optional)			
vote:	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, f the date inserted in this block does not meet the applicable statutery filing requirements, this date) Pursua will no	int to 602 of be list	5.0207 (ted as tl
	nt's effective date on the Department of State's records.			
ioc um	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Th	ie 90th	dav afte	er the
recor			·	
recor	d.			
recor d is fil	d. August 1, 2022			

Typed or printed name of signee

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