Florida Department of State Division of Convolations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA PREMIER FUNDING, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alpha Premier Funding, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L22000378629	Company were filed on 08/29/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, ente	er the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street addi	ress
		Florida
	City	zip Coac

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
AMBR	MORRIS, CHRISTOPHER	7901 4TH ST N STE 300	Xi Add
		ST. PETERSBURG, FL 33702	□Remove
			□ Change
AMBR	MORRIS, HOLLIE	7901 4TH ST N STE 300	% I Add
		ST. PETERSBURG, FL 33702	□Remove
			⊡Change
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Effective date, if other than the date of filing:						
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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 Mote.) 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. 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 ord is filed. Dated September 21 2022 Signiture of a member or authorized representative of a member						
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		Sian	ature of a member or author	tized representative of a	nember	
		Sign				

Filing Fee: \$25.00