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#### **COVER LETTER**

TO:	Registration Se Division of Cor			
CHD IE		Funding LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
mease r	eturn an correspo	ndence concerning this matter	to the following:	
		Aliasger S Vajihuddin		
		144.55-71	Name of Person	
		Blue Ridge Funding LLC		
		-	Firm/Company	
		13720 Old St. Augustine R		
			Address	
		Jacksonville, FL 32258		
		blueridgefundingllc@gmail	City/State and Zip Code .com	
		E-mail address: ()	to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Aliasge	r S Vajihuddin		904 7535954 at ()	
	Name o	f Person	Area Code Daytimo	2 Telephone Number
Enclose	d is a check for ti	ne following amount:		
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	5 <u>8:</u> S :	Street Address:	vian

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

Bule Ridge Funding LLC			007
	ed Liability Company as it nov	annears on our records t	The state of the s
(Name of the Limit	(A Florida Limited Liability Co	nipany)	60 1777
			7 3
The Articles of Organization for this Limited Li	ability Company were filed	I on September 26, 2022	andraesigned J
Florida document number L22000417062			\ \alpha \ \sigma \sigma \sigma \sigma \ \sigma \ \sigma
Militar document number	<del></del> •		1 .
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liability comp	oany here:	
Blue Ridge Funding LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Compar	y," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
1			
	_		
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE	BOX)		
Training dudices (1717 DE 717 QUIT OF 1100			
			<del></del>
B. If amending the registered agent and/or r		n our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	Aliasger S Vajihuddin		
	12720 0118.	D J C C 335	
New Registered Office Address:	13720 Old St. Augustine		
	,	Enter Florida street address	
	Jacksonville	Florid	
	City		Zip Code

#### 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□Add
			□Remove
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Effective date, if other than the data from the date is listed, the date must be	e specific and car	mot be prior to	date of filing o	r more than 90	(option days after file	ling.) Pursua	int to 605,020
Note: If the date inserted in this block document's effective date on the Department.	k does not mee artment of State	t the applicat e's records.	ole statutory t	iling requirer	nents, this o	iate will no	t be listed a
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The 90th day after the recor	d is filed.						
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Filing Fee: \$25.00