## L22000446407

(R	equestor's Name)
- (Á	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PłCK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CHD ILCT.		nce Funding LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returi	ı all correspo	ndence concerning this matter	to the following:	
		Valerie Kelly		
			Name of Person	
		Kelly Advance Funding,	LLC	
			Firm/Company	····
		13013 SEMINOLE BLV	) #1083	
Address				
LARGO, FL 33778				
			City/State and Zip Code	<u> </u>
		E-mail address: (	to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please ca	all:	
Valerie Ke	lly		256 698-4528	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	Section
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FIED

Kelly Advance Funding, LLC

2022 OCT 31 PM 2: 03 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/17/2022 Florida document number L22000446407 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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:

B. 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 addre	
	, F	lorida
	City	Zıp Code

## New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Valerie Kelly	1510 10th Street SW	■Add
		Largo, FL 33770	□Remove
			Change
AMBR David Kelly	David Kelly	1510 10th Street SW	
		Largo, FL 33770	□Remove
			Change
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
		<del></del>	Change
		<del></del>	□Add
			Remove
			□Change

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(If an effect <u>Note:</u> If	date, if other than the date of filing:
If the record s record is filed	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
Dated	10-31- Valeni Kelly
	Signature of a member or authorized representative of a member  (ALERIE KELLY

Typed or printed name of signee