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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor								
FF SPV FU	IND 3 LLC							
SUBJECT:	Name of Lun	ited Liability Company						
The males of Artists of	Amendment and fee(s) are sub	unitted for filing						
r rease return an correspo	ondence concerning this matter	to the following.						
	Kristen Akel							
		Name of Person	 					
	Florida Funders		-	16 14				
		Firm/Company						
	1311 N Westshore Blvd St	aite 101	- الرباح آرام () 27 PM 3: 13				
		Address		. 골				
	Tampa, FL 3308			3: -				
		City/State and Zip Code	[17	ι ω				
	Legal@Floridafunders.com	to be used for future annual report no	offication)					
For further information c	oncerning this matter, please c		·					
Kristen Akel		813 775-6990						
Name o	f Person	at () Area Code Dayti	ime Telephone Number	-				
Enclosed is a check for the	ne 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 For Certificate of \$ Certified Copy (additional copy is	tatus &				
Mailing Addres		Street Address:						
Registration S Division of C		Registration Section Division of Corporations						
P.O. Box 632	7	The Centre of	Tallahassee					
Tallahassee, l	*につどの14	2415 N. Monroe Street. Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FF SPV FUND 3 LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed or	n 10/17/2022 and assigned
Florida document number 1.22000447150	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
FF Dashbot Fund LLC	
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)	
Trincipal office address 9031 BL A STREET ADDRESSy	. 10
Enter new mailing address, if applicable:	72
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
	·
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the name of the new register</u>
. Marie of the Megistered rigeria.	
New Registered Office Address: Ente	r Florida street address
	Florida
Circ	, Florida

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>	Name	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00