

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000235375

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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: _____

RECEIVED

2023 JUN -9 AM 11:04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEMBLEY FUNDING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 JUN -9 PM 3:29

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wembley Funding, LLC

(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 05/12/23 and assigned Florida document number L23000235375.

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:

(Mailing address MAY BE A POST OFFICE BOX)

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 address

_____, Florida _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GOLDRING, MICHAEL	4 DEVOE ROAD	<input type="checkbox"/> Add
		ARMONK, NY 10504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONES, GEORGE	515 EAST LAS OLAS BLVD.. SUITE 120	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Origination Point, LLC	501 E. Las Olas Blvd. 3rd Floor	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wembley Investors, LLC	120 Tally Ho Drive	<input checked="" type="checkbox"/> Add
		Chadds Ford, PA 19317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Foxtail Investments, LLC	5 Foxtail Lane	<input checked="" type="checkbox"/> Add
		Chadds Ford, PA 19317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAMBERS, GRAEME A	120 TALLY HO DRIVE	<input type="checkbox"/> Add
		CHADDS FORD, PA 19317	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

