L25000163532

(F	Requestor's Name)	
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(0	City/State/Zip/Phone #)	
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COVER LETTER

TO:

ТО:					
VI 188 117 <i>8</i>		FUNDER LLLC			
SORTEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		ALEJANDRA MARQUEZ	<i>'</i> .		
		-	Name of Person	<u> </u>	
		AMV LEGAL GROUP P.	Α.		
			Firm/Company		
		2450 HOLLYWOOD BLV	D. SUITE 300		
			Address		
	AMV LEGAL GROUP P.A. Firm/Company 2450 HOLLYWOOD BLVD, SUITE 300				
			City/State and Zip Code		
		-			
			·	t notification)	
For furth	er information co	oncerning this matter, please ea	ıll:		
FLOR G	UERRERO			95	
	Name of	Person		aytime Telepho	ne Number
Enclosed	l is a check for th	e following amount:			
		☐ \$30.00 Filing Fee &	Certified Copy		Certificate of Status & Certified Copy
	Registration S Division of Co P.O. Box 632	ection orporations 7	Registration Division of The Centre 2415 N. Mo	n Section Corporation of Tallahas Onroe Street	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 AUG 20 AM 8: 16

PFG LOAN FUNDER I LLC

(Name of the Limited	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
(A	Piorida Limited Liability Company)	**************************************
The Articles of Organization for this Limited Liab	oility Company were filed on 04/04/2025	and assigned
Florida document number L25000163532	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		<u>, </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	51-01-01-01-01-01-01-01-01-01-01-01-01-01
B. If amending the registered agent and/or reg	istered office address on our records, en	ter the name of the new registered
agent and/or the new registered office address	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	dress
		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my duties ered agent as provided for in Chapter 60 gistered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Davids and Acres Simulation	La of Navi Davis torsel Assert

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
MGR	FACH HOLDINGS, LLC	19790 W DIXIE HWY 1010	□ Add
		AVENTURA, FL 33180	≅Remove
			[]Change
MGR	GAMBURD HOLDINGS, LLC	3201 NE 183 ST STE 2201	🗆 Add
		AVENTURA, FL 33160	■Remove
			□Change
MGR	JOJMA VENTURES LTD	1835 NE MIAMI GARDENS DR STE 506	🗆 🔿 Add
		MIAMI. FL 33179	■Remove
			[] Change
MGR	EITAN GAMBURD	3201 NE 183RD ST SUITE 2201	= Add
		AVENTURA FL 33180	□Remove
			©Change
			🗆 Add
			ElRemove
			[]Change
			□Add
			□Remove
			□ Change

-				
				
·				
			2025	
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			- 20 - 20 - 21	
			<u> </u>	
Note: If the date inserted in this block	e specific and cannot be prior to date of filing a k does not meet the applicable statutory ((optiona or more than 90 days after fili iling requirements, this da	ng.) Pursuant to 605.0	0207 (3)(t d as the
document's effective date on the Depa	urtment of State's records.			
If the record specifies a delayed effective d record is filed.	ate, but not an effective time, at 12:01 a.	.m. on the earlier of: (b)	The 90th day after	the
Dated	2025			
Dated				
Si	gnature of a member of authorized representa	tive of a member		
****	5			
EITAN GAMBURD				

Filing Fee: \$25.00