LATOOOOLSOI

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		
		:		

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COVER LETTER

TO:

Registration Section
Division of Corporations

Thomas Capital Funding Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Laquer

Name of Person

Thomas Capital Funding Group LLC

Firm/Company

10170 Vestal Ct.

Address

Coral Springs, Fl., 33071

City/State and Zip Code

ldlmarketinginc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Laquer

_{at/}954 \ 2

254 0077

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

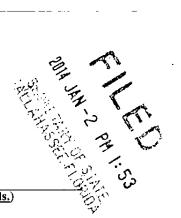
☐S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Thomas Capital Funding Group 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 Liabi	ility Company were filed on 11/19/	97 and assigned
Florida document number L9700001301		
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
-		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

	Authorized Member	Address	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
		***************************************	Add
			Remove
			Add
			Remove
			Add
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			Remove
			i
			AHASSEZ PH SAdd
			EA Grad
			Remove
			Add
			Remove

· ·	nation, enter change(s) here: (Attach aderations Thomas Capital Funding Group				
investment incom	investment income as well as using corporate account				
for all invest	ment expenses.				
E. Effective date, if other than the (If an effective date is listed, the date)	he date of filing: ate must be specific and cannot be more the	(optional) han 90 days after filing.) (605.0207 (3)(b)			
Dec 31	, 2013	_/			
Thomas L		De la companya della companya della companya de la companya della			
THOM	Signature of a member or authorized represe				
	Page 3 of 3	5000			

Filing Fee: \$25.00

