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(Ďo	ocument Number	265
	W14-51	273
Certified Copies	_ Certificate:	s of Status
Special Instructions to	=	
A. LUNT		
OCT 29 2012		
EXAMINER		

Office Use Only



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October 5, 2012

LINDA KASSOF 610 N. WYMORE ROAD SUITE 200 MAITLAND, FL 32751

SUBJECT: TAURUS CAPITAL FUNDING, LLC

Ref. Number: M03000002540

We have received your document for TAURUS CAPITAL FUNDING, LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 212A00024798

Agnes Lunt Regulatory Specialist II

www.sunbiz.org



TAURUS INVESTMENT HOLDINGS, LLC

610 N. Wymore Road, Suite 200, Maitland, FL 32751 Tel: 407.539.2310 Fax: 407.539.6181 www.tiholdings.com

October 15, 2012

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Taurus Capital Funding, LLC

Letter Number: 212A00024798 Certificate of Amendment

Dear Sir/Madam:

Enclosed please find the Certificate of Amendment for the above entity.

Should you have any questions, please do not hesitate to contact me at (321) 214-3006 or our office number at (407) 539-2310.

Sincerely,

Tram Vo

Corporate Accountant

Taurus Investment Holdings, LLC

Enclosures

COVER LETTER

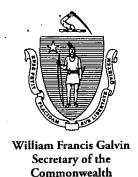
TO: Registration Section Division of Corpora				
SUBJECT:	Taurus Cap Name of Foreign I			ny
Dear Sir or Madam:				
The enclosed application, co	ertificate and fee(s) are	submitted for f	ĭling.	
Please return all correspond	ence concerning this n	natter to the foll	owing:	
Line	da Kassof			
Nan	ne of Person			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Taurus Invest	ment Holdings, LLC	<u> </u>		Tarri 🖰
Firn	n/Company			1200126 P
610 N Wymo	re Road, Suite 200			
	Address			
Maitla	nd, FL 32751			7
City	/State and Zip Code			
lkass	of@tiholdings.com			
E-mail address: (to be us	ed for future annual re	port notification	1)	
For further information con	cerning this matter, plo	ease call:		
Linda Kas	sof at	407		539-2310
Name of Pe	rson	Area Code &	Daytime	Telephone Number
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ntions nter Circle]]]	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations .6327 see, Florida 32314
	e following amount: 30 Filing Fee & Certificate of Status	\$55 Filing Fe		S60 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Depart State: Taurus Capital Funding, LLC	ment o	of
2.	Jurisdiction of its organization: MA		2 <u>3</u>
3.	Date authorized to do business in Florida: 07/31/2003	AND THE STATE OF T	0CT 26
	SECTION II (4-7 complete only the applicable changes)		P
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? October 1, 2012		於 67
5.	New name of the limited liability company: T Capital Funding, LLC (must end with "Limited Liability Company," "L.L.C.,"	or "LLC)
Fl th	f name unavailable, enter alternate name adopted for the purpose of transacting busine orida and attach a copy of the written consent of the managers or managing members e alternate name. The alternate name must end with "Limited Liability Company," "L" "LLC.")	adopti	ng
6.	If the amendment changes the period of duration, indicate new period of duration: N/A		
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
8.	If the amendment corrects any false statement, indicate the statement being correct correction: N/A	ed ar	d the
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized. Signature of a member of the authorized representative of a member		
	Linda Kassof, Manager Typed or printed name of signee		

Filing Fee: \$25.00



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

October 1, 2012

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

T CAPITAL FUNDING, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 30, 2003.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: PETER MERRIGAN, GUENTHER REIBLING, LORENZ REIBLING, LINDA KASSOF

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: PETER MERRIGAN, GUENTHER REIBLING, LORENZ REIBLING, LINDA KASSOF

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **PETER MERRIGAN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

ellein Travin Galicin

MA SOC Filing Number: 201203433480 Date: 10/1/2012 11:37:00 AM



The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

Special Filing Instructions

Certificate of Amendment

(General Laws, Chapter)

Federal Employer Identification Number: 300152491 (must be 9 digits)

The date of filing of the original certificate of organization: 1/30/2003

1.a. Exact name of the limited liability company: TAURUS CAPITAL FUNDING, LLC

1.b. The exact name of the limited liability company as amended, is: TCAPITAL FUNDING, LLC

2a. Location of its principal office:

No. and Street:

22 BATTERYMARCH ST.

City or Town:

BOSTON

State: MA

Zip: 02109

Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO PROVIDE AND TO CARRY ON ANY BUSINESS OR OTHER ACTIVITY WHICH MAY BE LAWFULLY CARRIED ON BY A LIMITED LIABILITY COMPANY FORMED UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name:

PETER MERRIGAN

No. and Street:

22 BATTERYMARCH STREET

City or Town:

BOSTON

State: MA

Zip: <u>02109</u>

Country: <u>USA</u>

6. The name and business address of each manager, if any:

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
MANAGER	PETER MERRIGAN	22 BATTERYMARCH ST. BOSTON, MA 02109 USA
MANAGER	GUENTHER REIBLING	610 N. WYMORE RD., SUITE 200 MAITLAND, FL 32751 USA
MANAGER	LORENZ REIBLING	610 N. WYMORE RD., SUITE 200 MAITLAND, FL 32751 USA
MANAGER	LINDA KASSOF	610 N WYMORE RD., SUITE 200 MAITLAND. FL 32751 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name	Address (no PO Box)
i	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
SOC SIGNATORY	PETER MERRIGAN	22 BATTERYMARCH ST. BOSTON, MA 02109 USA
SOC SIGNATORY	LINDA KASSOF	610 N. WYMORE RD., SUITE 200 MAITLAND, FL 32751 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	PETER MERRIGAN	22 BATTERYMARCH ST. BOSTON, MA 02109 USA

9. Additional matters:

10. State the amendments to the certificate:

THE NAME OF THE COMPANY IS CHANGED TO T CAPITAL FUNDING, LLC.

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 1 Day of October, 2012, LINDA KASSOF, Signature of Authorized Signatory.

© 2001 - 2012 Commonwealth of Massachusetts All Rights Reserved MA SOC Filing Number: 201203433480 Date: 10/1/2012 11:37:00 AM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 01, 2012 11:37 AM

WILLIAM FRANCIS GALVIN

Statem Frain Daluis

Secretary of the Commonwealth