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# FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 1/7/19

NAME:

BANKERS SOUTH HIGH YIELD FUND A LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA00000015** 

AUTHORIZATION: ABBIE/PAUL HODGE

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

<ol> <li>Name of limited liability Company as it appears or</li> </ol>	<u>-</u>
State: Bankers South High Yield Fu	nd A, LLC
Enter new principal office address, if applicable: _	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liabil	lity company is:
3. Jurisdiction of its organization: M14000005	128 AFT
4. Date authorized to do business in Florida: $\frac{07/2}{}$	21/2014
SECTION II (5-9 complete only the applicable ch	
5. New name of the limited liability company: Ag/	America Lending Fund, LLC
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or management contain "Limited Liability Company," "L.L.C."	or the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered (registered agent and/or the new registered office addr	officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Regis	·

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.

tle/ Capacity	Name		Address	Type of Action
				Remo
		<del> </del>		Remo
				Remov
				-7 P#12: 22
				Add

Typed or printed name of signee

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BANKERS SOUTH HIGH
YIELD FUND A, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO "AGAMERICA LENDING FUND, LLC" ON THE TWENTY-FIRST
DAY OF DECEMBER, A.D. 2018, AT 6:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF
JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGAMERICAL LENDING FUND, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2010.



Authentication: 202031466 Date: 01-07-19

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