

**#M14000008918**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700268647707

RECEIVED

15 FEB 16 AM 10:48

FILED

2015 FEB 16 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 17 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 500994 5019636

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : February 12, 2015

ORDER TIME : 3:22 PM

ORDER NO. : 500994-015

CUSTOMER NO: 5019636

FOREIGN FILINGS

NAME: EMPOWER OPERATING COMPANY, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **EMPOWER OPERATING COMPANY, LLC**

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ELIZABETH PEKIN**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**7700 CONGRESS AVENUE, SUITE 3212**

\_\_\_\_\_  
Address

**BOCA RATON, FL 33487**

\_\_\_\_\_  
City/State and Zip Code

**epekin@momentumfunding.com**

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

For further information concerning this matter, please call:

**ELIZABETH PEKIN**

\_\_\_\_\_  
Name of Person

at ( **847** ) **682-7419**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: EMPOWER OPERATING COMPANY, LLC
2. The Florida document number of this limited liability company is: M14000008918
3. Jurisdiction of its organization: DELAWARE
4. Date authorized to do business in Florida: DECEMBER 12, 2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: MOMENTUM FUNDING, LLC  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

**NAME OF THE MANAGER HAS BEEN CHANGED.**

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOMENTUM FUNDING, LLC	7700 CONGRESS AVE., STE. 3212	<input type="checkbox"/> Add
		BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Remove
MGR	MOMENTUM HOLDINGS COMPANY, LLC	7700 CONGRESS AVE., STE. 3212	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**ELIZABETH PEKIN**  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2015 FEB 16 AM 9:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

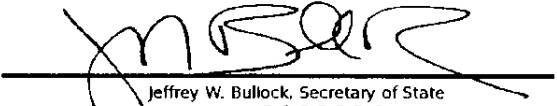
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EMPOWER OPERATING COMPANY, LLC", CHANGING ITS NAME FROM "EMPOWER OPERATING COMPANY, LLC" TO "MOMENTUM FUNDING, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF FEBRUARY, A.D. 2015, AT 1:56 O'CLOCK P.M.

5655666 8100

150188188

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2120284

DATE: 02-13-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:04 PM 02/12/2015  
FILED 01:56 PM 02/12/2015  
SRV 150188188 - 5655666 FILE

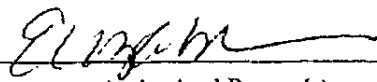
**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
**EMPOWER OPERATING COMPANY, LLC**

2. The Certificate of Formation of the limited liability company is hereby amended  
as follows:

**First: The name of the limited liability company is:**  
**MOMENTUM FUNDING, LLC**

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 9 day of **FEBRUARY**, A.D. **2015**.

By:   
Authorized Person(s)

Name: **ELIZABETH PEKIN**  
Print or Type