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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\underline{\underline{}}$	larine Funding G	roup, Inc.	
DOCUMENT NUMBER: P0400	0076138		
The enclosed Articles of Amendme		bmitted for filing.	
Please return all correspondence co	ncerning this ma	tter to the following:	
Brady J. Co	bb, Esq		
		Name of Contact Persor	1
Cobb Eddy.	PLLC		
		Firm/ Company	
N.E. 3rd Av	enue		
		Address	
Fort Lauder	dale, Florida 333	04	
		City/ State and Zip Code	
bcobb@cobbeddy	com		
E-mail:	address: (to be us	sed for future annual report	notification)
For further information concerning	this matter, pleas	e call:	
Brady Cobb		954 at (
Name of Contact Pe	rson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ig amount made i	payable to the Florida Depa	rtment of State:
	5 Filing Fee & icate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Marine Funding Group, Inc.				
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of Sta	<u>ite</u>)	
P04000076138				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts th	e following amend	ment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The n	iew
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corporation na	or the abbreviat	ion
B. Enter new principal office address, (Principal office address MUST BE A S				~-
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent and appliance in the second se	<i>OFFICE BOX</i>) id/or registered office addre	ss in Florida, enter the name of th	ZOLGO OCT 31	- - - -
new registered agent and/or the new			₹	
Name of New Registered Agent	Cobb Eddy, PLI.C		<u> </u>	U
	642 N.E. 3rd Avenue		<u> </u>	
	(Florida stree	et address)	-	
New Registered Office Address:	Fort Lauderdale	, Florid		_
	(0	City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar wi		position.	
	Signature of New Re	gistered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Joseph Clawges	491 S. Federal Hwy
Add			Pompano Beach, FL 33062
Remove 2) Change	VPD	Mitchell Milesi	491 S. Federal Hwy
Add			Pompano Beach. Florida 33062
Remove 3) Change	PD	Mitchell Milesi	491 S. Federal Hwy
X Add			Pompano Beach, Florida 33062
4) Change			
Remove			
5) Change Add			
Remove			
6) Change		_	
Add			
Remove			

	ticles, enter change(s) here: (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an evol	change, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
tifung amaliantic terdicire MAN		
(if not applicable, indicate N/A)		
(ц поі аррисавіє, іпаісаіє N/A)		
(ц поі аррисавіє, таісаіє N/A)		
(ц поі аррисаоне, такане N/A)		
(у поі аррисавіє, такане N/A)		
(у поі аррисавіє, такане N/A)		
(ц поі аррисавіє, такане N/A)		
(y noi applicable, maicale N/A)		
(y noi applicable, maicale N/A)		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folemust be separately provided for each voting group entitled to vote separately on the amendment.	llowing statement adment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and saction was not required.	shareholder
Dated $\frac{9/20/2016}{11/2}$	
Signature	
(By a difector, president or other officer - if directors or officers	have not been
selected, by an incorporator – if in the hands of a receiver, trustee	e. or other court
appointed fiduciary by that fiduciary)	
Mitchell Milesi	
(Typed or printed name of person signing)	
Residon t	
(Title of person signing)	