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JUL 23 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Coffman Funding	. Inc.	
DOCUMENT NUM	IBER: P95000098046		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	ntter to the following:	
	Matthew Parker		
		Name of Contact Person	1
	Coffman Funding, Inc.		
		Firm/ Company	
	23110 State Rd. 54, Unit 330)	
		Address	
	Lutz, FL 33549-6933		
		City/ State and Zip Code	e
	mattampa@msn.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Matthew Parker		at (891-1811 ext 101 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depo	urtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Coffman Funding, Inc.		
(<u>Name</u>	of Corporation as currently filed with the Florida Dept.	of State)
P95000098046		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this <i>Florida Profit Corporation</i> add	opts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain that the designation of the chartered." "professional association,"	n the word "corporation," "company," or "incorporated" of Porp," "Inc," or "Co". A professional corporation na " or the abbreviation "P.A,"	or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
(studing undress <u>5174.1 D1, 20 FO.51 1</u>	OTTICE, BOX	
		
D. If amending the registered agent an	nd/or registered office address in Florida, enter the nam	e of the
new registered agent and/or the new		<u> </u>
Name of New Registered Agent		
State of the Register Carrigent	23110 State Rd. 54, Unit 330	<u> </u>
	(Florida street address)	
		33549.6033
New Registered Office Address:	(City)	Florida 33549-6933 (Zio Code)
	(C.14)	(2.1p C)suc)
New Registered Agent's Signature, if c	hanging Registered Agent:	N #
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the obligations	of the position.
		25
		ro co
	Signature of New Registered Agent, if changing	of the position.
	inginitate by their negliatered agent, if entiring	***** ***** ****
Check if applicable	447 0140 1111 1 2 2 2	ς ₽ ₩
The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e), F.S.	<u> </u>

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change		_	
Add			<u> </u>
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add	_		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
——– Remove			

K17 4	th additional sheets, if ne	· ,	** **			
N/A						
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F Ifan	amendment provides fo	r an exchange, re-	classification, or	cancellation of i	ssued shares.	
pro	isions for implementing	the amendment i	if not contained	in the amendmer	it itself:	
	if not applicable, indicat	e N/A)		<u> </u>		
N/A						
						,
						
				_		
.,-						

The date of each amendment(s) adoption:date this document was signed.	, if other than the
June 21, 2021	
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 requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder acti action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s }
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
June 21, 2021	
Dated	
Signature Mother Parker	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cour	t
appointed fiduciary by that fiduciary)	
Matthew Parker	
(Typed or printed name of person signing)	
President	
(Title of person signing)	