

**LD2000025076**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2010 FEB 16 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**FEB 17 2010**

**EXAMINER**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MY FUNKY PLANET, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JOAQUIN ABONDANO**

Name of Person

Firm/Company

**600 SW DARWIN BLVD SIUTE 208**

Address

**PORT ST LUCIE, FL 34953**

City/State and Zip Code

**jabondano@groovy.com**

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

For further information concerning this matter, please call:

**SIMEAO PASCHALIDES**

Name of Person

at ( **772** )

**336-3221**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

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**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                                   | <u>Type of Action</u>                                                      |
|--------------|--------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| MGR          | SIMEAO PASCHALIDES | 1834 SW JANNETE AVE<br>PORT ST LUCIE, FL 34953   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | JOAQUIN ABONDANO   | 7869 SADDLEBROOK DRIVE<br>PORT ST LUCIE FL 34986 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | GARCIA BETTY C     | 7869 SADDLEBROOK DRIVE<br>PORT ST LUCIE FL 34986 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | SEBASTIAN ABONDANO | 7869 SADDLEBROOK DRIVE<br>PORT ST LUCIE FL 34986 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | ABONDANO SEBASTIAN | 7869 SADDLEBROOK DRIVE<br>PORT ST LUCIE FL 34986 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                    |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated Feb 12, 2010

Signature of a member or authorized representative of a member

JOAQUIN ABONDANO

Typed or printed name of signee

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