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SEVERATION STATE
THE ANALYSISE, BLOGDA

K.SALY EXAMINER JUL 6 - 2012

COVER LETTER

10:	Division of Corpo				
SURJE	JECT: FUNCOM LLC				
SC Bat.	Name of Limited Liability Company				
The enc	losed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspond	lence concerning this matter	to the following:		
			ALINA MELEDINA		
			Name of Person		
		FUNCOM LLC			
		Firm/Company			
		1850 :	S OCEAN DR, APT. 3804	4	
			Address	<u> </u>	
		ША	LLANDALE EL 22000		
		ПА	LLANDALE, FL 33009 City/State and Zip Code		
		CORRES	PONDENT12@GMAIL.C	OM	
		E-mail address: (t	to be used for future annual report no	tification)	
For furt	her information con	cerning this matter, please c	all:	•	
	ALINA	MELEDINA	at (_917)	392-9379	
-	Name of F	Person	Area Code & Daytime Telephone Number		
Enclose	ed 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)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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12 JUL	-2	AM IO:	5.3
SELIA IA	SSŒE.	FSTAT	E
ords.)			14

	EUNIOON () O	ALLAMISSAE STATE
(Nome of the Limited I	FUNCOM LLC	s on our records.)
(A)	iability Company as it now appear Torida Limited Liability Company)	s on our records.)
		04/04/0040
The Articles of Organization for this Limited Lia		04/21/2010 and assigned
Florida document numberL100000428		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company her	2:
The new name must be distinguishable and end with	the words "Limited Liability Compa	ny " the designation "[] C" or the abbreviation
"L.L.C."	me words Similed Submity Compa	ity, the designation BBC of the assistantion
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<u></u>	
Enter new mailing address, if applicable:	Name of the second of the seco	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered off		ur records, enter the name of the new
registered agent and/or the new registered on	ice address nere.	
No. of a Color Designation of America		
Name of New Registered Agent:		
New Registered Office Address:		
	En	er 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 608, 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

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 Type of Action <u>Title</u> <u>Name</u> **Address** KIRILL ELIZAROV MGR 1850 S OCEAN DR. APT. 3804 ✓ Add HALLANDALE, FL 33009 Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove ___Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Jame 28 Signature of a member or authorized representative of a member ALINA Meledina Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00