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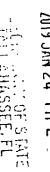
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COVER LETTER

IO:	Division of Cor			
eman		INVESTMENTS LLC		
SUNJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ROBERT HUBBARD		
			Name of Person	
		1401 E GADSDEN ST	Firm/Company	
		PENSACOLA, FL32501	Address	
		WIZARDRLH@GMAIL.C	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please co	all:	
ROBI	ERT HUBBARD		850 261-9696	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
≅ \$ 25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2019 JAN 24 PM 2:51

FUN GUY INVESTMENTS LLC

(Name of the Limited Liability Company as It now appears on our records.) TALLAHASSEE, FL. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L10000051579	were filed on	6, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:	:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	 		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		_	
	Enter Florida	street address	
		, Florida	Zip Code
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Remove
			□ Change
			D Add
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			Change

Fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 date of filing or more than 90 days after filing.) Pursuant to 605.020 date of filing is requirements, this date will not be listed a current's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Sighalafaed a member or authorized representative of a member ROBERT HUBBARD	NAME ONLY.	
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Filing Fee: \$25.00