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Division of Corporations

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Account Number : I20120000042 Phone : (941)706-2336 Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

MIKIJANKO2004@GMAIL.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIGURE 8 FUN, LLC

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	Registration Division of	n Section Corporations		
SUBJEC	FIGUR	E 8 FUN, LLC		
	···	Name of Li	mited Liability Company	
The enclo	sed Articles	of Amendment and fee(s) are su	ibmitted for filing.	
		spondence concerning this matte		
		Mikulas Janko		
			Name of Person	
			Firm/Company	
		5849 Meriwether Pl.		
			Address	
		Sarasota, FL 34232		
			City/State and Zip Code	
		mikijanko2004@gmail.con		
			(to be used for future annual report not	fication)
For further	r information	n concerning this matter, please of	eall:	
Mikulas Ja	anko		941 9613197 at ()	
	Name	c of Person		e Telephone Number
Enclosed is	s a check for	the following amount:		
≌ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT((H20000160564 3))) ARTICLES OF ORGANIZATION **OF**

FIGURE 8 FUN, LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on June 11, 2012 and assigned
Florida document number L12000077579	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
FIGURE 8 CONSTRUCTION, LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	S)
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	fice address on our records, enter the name of the new register
	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further agree to comply with to elete 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 amending Authorized Person(s) authorized to manage, enter the title, name, (141200001605643)) ocing added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
			□ Change
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Article III.	other information, enter change(s) here: (Attach additional sheets, if necessary.) Remove - SWEEPSTAKES / Add - ANY AND ALL LAWFUL BUSINESS
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ino data 16	than then the date of filing.
fective date is l	ther than the date of filing: (optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6
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ient s ettecti	e date on the Department of State's records.
	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
icd.	
May 28th	2020
May 28th	
	A. a
	JWI.
	Signature of a member or authorized representative of a member
Mikulas	danko.
(TINUIGS	wino -