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iFUNDi, LLC

TYPE OF FILING: AMENDMENT TO ARTICLES OF ORGANIZATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

## COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	iFUNDI, LLC
SUBJECT.	Name of Limited Liability Company
The englosed Artisles of	Amendment and fee(s) are submitted for filing.
	ondence concerning this matter to the following:
	sales of the sales and the sales of the sale
	Stephen Sabia Name of Person
	ifunol, LLC
	Firm/Company
	32 SE 2~0 AVE # 215
	DELRAY BEACH, PL 33444
	DELRAY BEACH FL 33444 City/State and Zip Code/ Steve SAb 14 @ Me. WM
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Steph	EN SASIA at 561, 350 - 4858  Area Code & Daytime Telephone Number
· Name (	or retson Area Code & Daytime Telephone Number
Enclosed is a check for t	he following amount:
<b>Æ</b> \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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

IFUNDI, LL	
(Name of the Limited Liability Company (A Florida Limited Lia	( as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number 1 200613 1865	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u>/</u> _
(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 offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	7.3E 12
New Registered Office Address:	NOV NOVE
New Registered Office Address.	Enter Florida street address
	Florida 🚆 📆
	City Zip Carle
New Registered Agent's Signature, if changing Registered Agent:	EATE
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performance of my duties, and I am familiar with and covided for in Chapter 608, F.S. Or, if this document is

Page 1 of 3

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

<u>Title</u>	Name	Address	Type of Action
Mary	Stephen Sabia	132 SEa Island Lave	Add
	·	132 SEa Island Lave Boca Paton, FL 33/131	Remove
M6PM	Daniela Sabia	132 Sea Island Lane	[\(\sum_{\text{Add}}\)
		Boca Ration, FL 3343	Remove
<del></del>			 
			Remove
Provide recovery.			Add
			Remove
			Remove
			- Add
<u></u>	· · · · · · · · · · · · · · · · · · ·		Add Remove

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	Nuvembor 29, 2012.
	Signature of a member or authorized representative of a member  Stephen SASIA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00