

U2000149097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 MAR 16 AM 11:37
SECRETARY OF STATE
TOLSON, GEORGE

APR 03 2015

S. YOUNG

EFFECTIVE DATE

3/27

TO
ARTICLES OF ORGANIZATION
OF

FUNDRAIZE THIS LLC

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

The Articles of Organization for this Limited Liability Company were filed on Nov. 29, 2012 and assigned Florida document number 46-1470596.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Spirited Mortal LLC per Lin

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

560 BATTERSEA DRIVE
SAINT AUGUSTINE, FL
32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

560 BATTERSEA DRIVE
SAINT AUGUSTINE, FL
32095

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

560 BATTERSEA DRIVE
Enter Florida street address
SAINT AUGUSTINE, Florida 32095
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

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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MAY 16 AM 11:07
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TREASURY

E. Effective date, if other than the date of filing: MARCH 27, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

March 11, 2015



Signature of a member or authorized representative of a member

LIN M. VALENT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FL