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TALL / HASSEE FLORIDA

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COVER LETTER

TO: Registration Sect Division of Corpo		٠.	**************************************
SUBJECT:	FUNDEDGRADS	uc	
50 202 011	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
٠.	JONATHAN	Name of Person	
		Name of Person	
		Firm/Company	
	4566 EAG1	E KEY CIPCLE Address	
	Naples, 1	City/State and Zip Code NOEDGRAOS. COM	
		City/State and Zip Code	
	CONTACT OF	NOEDSRA-OS. COM o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	•	••····
JONATHAN H		at (239) 248 1	9 08
wanie of i	CISUII	Aica Code & Dayuna	Telephone (value)
Enclosed 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	□\$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

FUNDEOGRA	ans LLC	SSEE CO
	ty Company as it now appears on Limited Liability Company)	our records.) FLORIDE STATE STATE
The Articles of Organization for this Limited Liability (Florida document number L170001492	Company were filed on <u>11/36</u>	affa assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mutting datatess MAT BL A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Finter F	lorida street address
	Linei I	
	City	, Florida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Name</u>	Address	Type of Action
JENNIFER CARATI	1364 COOY CHASE WAY	Add
	LAKE MARY, FL 32746	Remove
JONATHAN HABERYCORN	4566 EAGLE KEY CIRCLE	Add
	Naples, FL 34112	Remove
JONATHAN HABERKORN	4566 EAGLE KEY CIRCLE	Add
	Naples, FL 34112	Remove
		Add
		Remove
		Add
		Remove
		Add
		Remove
	JENNIFER CARATI	JENNIFER CARATI 1364 COOY CHASE WAY LAKE MARY, FL 32746 JONATHAN HABERKORN 4566 EAGLE KEY CIRCLE NAPLES, FL 34112 JONATHAN HABERKORN 4566 EAGLE KEY CIRCLE

. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· 3
	t .
ed _	DECEMBER 4TH, 2012.
	TONAMAN HABERKOEN
	Signature of a member or authorized reputes entative of a member
	Tonartan Haberkorn Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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