L13000008179

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
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AUG 2 0 2013

T. RAMPTON

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Funds	2Orgs, LLC			
SUBJECT:	•	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Je	effrey Kaplan			
Name of Person					
Kaplan Law Firm					
	400 -	Firm/Company	200		
	130 Reming	ton Drive, Suite 10	000		
	_	Address			
	Ov	iedo, FL 32765			
	ikan	City/State and Zip Code lan@kaplanlawfirm.us			
	• •	to be used for future annual report notificati	on)		
For further information of	oncerning this matter, please c	all:			
Jeff	Kaplan	at (407) 706-6	700		
Name o	f Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for the	he 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

Funds2Orgs,		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.)	···
The Articles of Organization for this Limited Liability Company Florida document numberL1300008179	and assigned	
This amendment is submitted to amend the following:		S S S
A. If amending name, enter the new name of the limited liab	ility company here:	ECRETA ISIDH OF
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LL	PH RAPS
Enter new principal offices address, if applicable:	390 North Orange Avenue	2: 4
(Principal office address MUST BE A STREET ADDRESS)	Suite 2300	- 19 CH
	Orlando, Florida 32801	
Enter new mailing address, if applicable:	390 North Orange Avenue Suite 2300	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida 32801	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	, Florida	Zip Code
	City	Lip Coae

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Remove Remove Add DIVISION OF TANK Remove

Remove

D: If am	ending any other information, enter change(s) here: (Attach additional sheets if necessary.)
Dated	August 12 2013
	Om
	Signature of a member or authorized representative of a member
	Jeffrey L. Kaplan
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00