L13000131236

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(Re	questor's Name)	
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SECRETARY OF STATE

JAN = 9 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Furdella LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Hoven Ladrach Name of Person	
Firm/Company	
8391 Hampton Wood Dr. Address	
Boca Roton FL 33433	
E-mail address: (to be used for future annual report notification)	γ
For further information concerning this matter, please call:	
Karen Ladrach #561, 909, 9960	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\omega\$\$30.00 Filing Fee \$\omega\$\$ Certificate of Status \$\omega\$\$ (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF O	RGANIZATION // // / / / / / / / / / / / / / / / /
Ol	TALSCORE TO S
Fundella LLC	RGANIZATION ALECRE AM 9: 10
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number 4636635	vere filed on 9/17/13 and assigned 4 - L13000131236
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 "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(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 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:

Enter Florida street address

Florida

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

MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** MGR Karen advach 8341 Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
Effecti	ive date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1)
ted	12/30/13
	Kan ladrach
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Dog 2 of 2

Page 3 of 3

Filing Fee: \$25.00