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K. SALY AUG - 7 2018

COVER LETTER

TO:	Registration S Division of Co	ection rporations		•
SUBJE	THE FOU	NDRY, LLC		
		Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		FRANCO GRIECO		
			Name of Person	
		THE FOUNDRY, LLC		
		- -	Firm/Company	
		2749 NE IST STREET		
			Address	
		POMPANO BEACH, FL.	33062	
			City/State and Zip Code	
		frankgrieco99@gmail.com		
For fueth	er information a	oncerning this matter, please or	to be used for future annual report notific	cation) .
		oncerning this matter, please of	3 11 ;	
FRANC	O GRIECO		954 805-6482 at ()	
	Name o	f Person	at () Area Code Daytime '	Felephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.4	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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 JUL 30 PM 2: 16

TALLAHASSEE, FLORIDA

THE FOUNDRY, 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 Co.	mpany were filed on $\frac{10/01}{}$	2013	and assigned
Florida document number 1.13000138065	<u>.</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		ir records, enter the	name of the new
New Registered Office Address:			
	Enter Florida :	street address	
****		Florida	
Num Basintanad Amarik Simutana is damaia a Basina da	•	Z	p Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my ont as provided for in Chap	duties, and I am familipter 605, F.S. Or, if th	iar with and is document is
	If Changing Registered Agent.	Signature of New Register	red Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KENNETH K JACOBSEN	2519 SE 10TH STREET	🗖 Add
		POMPANO BEACH, FL 33062	■ Remove
			☐ Change
MGR	FGHP INVESTMENTS, LLC	2651 NE 7TH STREET	Add
		POMPANO BEACH, FL 33062	Remove
			Change
			□ Add
			TALLAM SSEE FLOR
			□登解ve
			□ Change
			□ Remove
			Change
			Add
			☐ Remove
			□ Change

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	LLAHASSEE, FLORITO
	सिंदा दे
	
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ffoo	tive date if other than the date of filing.
fan e	tive date, if other than the date of filing:
Note:	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
iocui	nent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
1111	= 90th day after the record is filed.
	JULY 23RD 2018
Dated	1
	Signature of a member or authorized representative of a member
	The state of the s
	FRANCO GRIECO