

613000144898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

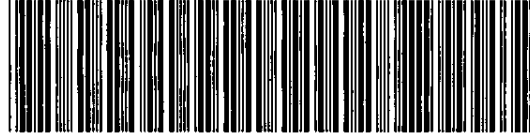
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/17/2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Funky Fresh Footwear 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:

Michael Jackson

Name of Person

Funky Fresh Footwear LLC

Firm/Company

800 Ocala Rd. Ste 300-131

Address

Tallahassee, FL 32303

City/State and Zip Code

funkyfreshfootwearllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Jackson

850 345-1034
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Funky Fresh Footwear 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 10/15/2013 and assigned
Florida document number 213000144898.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2131 N Meridian Rd. Apt 119

Tallahassee, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 Ocala Rd. Ste 300-131

Tallahassee, FL 32304

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

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

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roderic Edwards /	3044 Skycrest Dr.	<input type="checkbox"/> Add
		Pensacola, FL 32514	<input checked="" type="checkbox"/> Remove
MGR	Darren Harrington /	635 Palm Beach St. Apt 115	<input type="checkbox"/> Add
		Tallahassee, FL 32310	<input checked="" type="checkbox"/> Remove
MGR	Ryan Edwards	3044 Skycrest Dr.	<input type="checkbox"/> Add
		Pensacola, FL 32514	<input checked="" type="checkbox"/> Remove
MGR	Jacqous Hayes	200 E Burgess Rd. Apt 66B	<input type="checkbox"/> Add
		Pensacola, FL 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

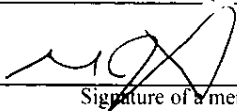
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

* Please make sure all names have been removed except Ahmad Muhammad and Michael Jackson for our documentation. Other partners have decided to step down as of April 15, 2014. Also verify addresses have been made up to date. Add FEIN # to my account as well 46-3864032.

E. Effective date, if other than the date of filing: _____ (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 _____



Signature of a member or authorized representative of a member

Michael Jackson

Typed or printed name of signee

FILED
14 DEC 11 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA