15000/69079

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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09/12/16--01018--027 **25.00

TOTAL TO 12 P 12.42

S Warren SEP 1 3 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Funday Rutab 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:
Martha Ocampo Name of Person Finday Latals LLC Firm/Company 455 NE5th Aue D412 Address Delray Bend \$1 33483 City/State and Zip Code Info @ finday runt com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mar Ha Ocampo at (56) 703 - 6078 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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 **ARTICLES OF ORGANIZATION**

Funday Rutals LL	C		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears (Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company lorida document numberLISOOOI6 9079	were filed on	10/5/15	_ and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	ility company here	<u>2</u> :	
NA			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the abbr	
nter new principal offices address, if applicable:	NA	ر. این	
Principal office address MUST BE A STREET ADDRESS)	·	**** =================================	缩 " 们
		(3.15) (3.15)	- F
	الأراء	COF S	D
nter new mailing address, if applicable:		물로	# <u>2</u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the
Name of New Registered Agent:	Α		
New Registered Office Address:	Enter Florid	a street address	
	City	, Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:			4

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

	1 .
MGR =	Manager
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgc_	Javier Ocampo	Boca Raton f1 33486	🗆 Add
		Boca Raton El 33486	Z Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			🗆 Add
			□ Remove
			Change
			
			□ Remove
			Change
			Add
		TO B SEP 2 P 12: 42	Remove Change
		TATE LORIDA	□ Remove
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an efi Note:	ive date, if other than the date of filing:
	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.
Dated	Muth O-ye- Signature of a member or authorized representative of a member
	Martha Ocanpo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00