

Division of Corporations

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**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : JOHN M WICKER PA  
Account Number : 120076000104  
Phone : (239) 939-2222  
Fax Number : (239) 939-2280

19 AUG 20 PM 12:56

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mwicker@lawctw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FUNNY FRIENDS, LLC**

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AUG 21 2019

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FUNNY FRIENDS, 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 12/17/2015 and assigned  
Florida document number L15000209356

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

JOHN M. WICKER

New Registered Office Address:

12670 NEW BRITTANY BLVD, SUITE 101

*Enter Florida street address*

FORT MYERS

Florida 33907

*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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	JANICE RODRIGUEZ		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIAN R. CORRION		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID GREGORY	8595 COLLEGE PARKWAY	<input checked="" type="checkbox"/> Add
		UNIT 270	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input type="checkbox"/> Change
MGR	ERIC GRADY	8595 COLLEGE PARKWAY	<input checked="" type="checkbox"/> Add
		UNIT 270	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

19 100 70 14 12 56

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

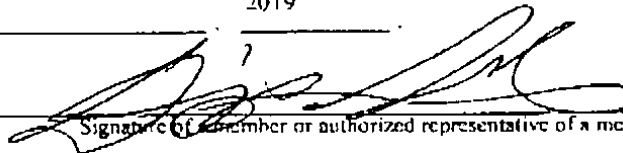
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST 19

2019



Signature of member or authorized representative of a member

DAVID GREGORY

Typed or printed name of signee

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