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| (Re                                   | questor's Name)        |           |
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| PICK-UP                               | ☐ WAIT                 | MAIL      |
| (Bu                                   | siness Entity Nan      | ne)       |
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| (Do                                   | cument Number)         |           |
| Certified Copies                      | _ Certificates         | of Status |
| Special Instructions to               | Filing Officer         |           |
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## **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |   |  |                               |   |  |
|--|---|--|-------------------------------|---|--|
| SUBJECT:                                   | Funded G                                      | roug, LLC<br>ited Liability Company                                    |                               |   |  |
| The enclosed Articles of A                 | mendment and fee(s) are sub-                  | mitted for filing.   |                               |   |  |
| Please return all correspond               | lence concerning this matter t                | to the following:  |                               |   |  |
|  | Keun  | Hook<br>Name of Person   |                               |   |  |
|  | Keun  | Ed Growl LL<br>Firm/Company  | <u> </u>                      |   |  |
|  | 10654 5                                       | W 79 PL Address  |                               |   |  |
|  | Mia   | City/State and Zip Code  Funded group- to be used for future annual re | 156                           | io<br>Sec<br>Tall                       |  |
|  | E-mail address: (1                            | undedgroup.  | eport notification)           | SKHAS<br>NECES                          |  |
| For further information con                | cerning this matter, please ca                |  |                               | 16 PH 9:<br>SRY OF STA<br>SSEE, FLUI    |  |
| Name of F                                  | erson   | at ()<br>Area Code   | Daytime Telephone Number      | - S - S - S - S - S - S - S - S - S - S |  |
| Enclosed is a check for the                | following amount:                             |  |                               |   |  |
| □ \$25.00 Filing Fee                       | \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    | Certificat<br>osed) Certified | te of Status &                          |  |

### 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

| Funded   | Grow                                     | LLC                              | _                     |               |                                   |
|--|--|----------------------------------|-----------------------|---------------|-----------------------------------|
| (Name of the Limited   | Liability Company<br>Florida Limited Lia | y <b>as it nov</b><br>ability Co | v appears on ounpany) | r records.)   |                                   |
| The Articles of Organization for this Limited Liab   |  | vere filec                       | 1 on <u>06</u> 11     | 2016          | and assigned                      |
| Florida document number <u>L 160000 9243 F</u>   | <u>-</u> .                               |                                  |                       |               |                                   |
| This amendment is submitted to amend the follow  | ring:                                    |                                  |                       |               |                                   |
| A. If amending name, enter the new name of t   | he limited liabili                       | ty comp                          | oany here:            |               |                                   |
| The new name must be distinguishable and contain the wor   | ds "Limited Liability                    | v Compan                         | y," the designati     | on "LLC" or t | he abbreviation "L.L.C."          |
| Enter new principal offices address, if applicab   | le:                                      |                                  |                       |               |                                   |
| (Principal office address MUST BE A STREET   | ADDRESS)                                 |                                  |                       |               | SECTION                           |
| Enter new mailing address, if applicable:  |  |                                  | ·····                 |               | FILED<br>July 16 PM<br>ANASSEE, I |
| (Mailing address MAY BE A POST OFFICE Be   | <u>0X)</u>                               |                                  |                       |               | <u> </u>                          |
|  |  |                                  |                       |               | <u> 長田 55</u>                     |
| B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: |  |                                  | ess on our            |               |                                   |
| New Registered Office Address:   | (S_2n                                    | ne)                              | nter Florida stree    | rt address    |                                   |
|  | <u> </u>                                 | Ļ                                | or a tornum off to    |               |                                   |
|  |  | City                             |                       | , Florida     | 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | anager<br>uthorized Member |                                   |                    |
|--------------------|----------------------------|-----------------------------------|--------------------|
| <u>Title</u>       | <u>Name</u>                | Address                           | Type of Action     |
| AMBR               | Kevin Houx                 | 10654 SW 79 PL                    | Ð Add              |
|                    |                            | 10654 SW 79 PL<br>Miami, PL 33156 | □ Remove           |
|                    |                            |                                   | ☐ Change           |
|                    |                            |                                   | D Add              |
|                    |                            |                                   | □ Remove           |
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| If am             | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| lf an ef<br>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 $\epsilon$ 90th day after the record is filed.  |
| Dated             | June 10, 2016.   |
|                   | Signature of a member or authorized representative of a member   |
|                   |  |
|                   | Kevin Houk   |

Page 3 of 3

Filing Fee: \$25.00