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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fun-n-Son TheAs, 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:
Kelly CARY
Name of Person  Nelly CARY GW . A.  Firm/Company
1219 Rox boro Rd.
Long wood, FC 32750 City/State and Zip Code
Helly C. Kelly CANY LAW, COM  Elmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 334 - 0453 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \&\Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \&\Certificate 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

Name of the Limited Liability Company (A Florida Limited Liability Company we)  The Articles of Organization for this Limited Liability Company we Florida document number 416000 95389  This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C."  638 Violet St.  Daytona Beach, FC  32119
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	638 Violet St. DAYDNA, BEAKH, ICL 32119
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the ne
	Rence Behrens  det St.  Enter Florida street address  BOACH Florida 32/19  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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kelly CARY	1219 ROXBORU Rd	Add
	/ /	1219 ROXBORU Rd Longwood, FC 32750	B Remove
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Page 3 of 3

Filing Fee: \$25.00