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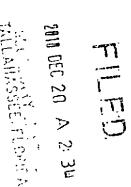
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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D. SCOT

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corp | porations | | |
|-----------------------------|--|--|---|
| SUBJECT: | it & Fun Gyl | M LLC ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspor | ndence concerning this matter | to the following: | |
| | <u> </u> | nnie Castilla Name of Person Fur Bym LLC | |
| | | Firm/Company | 2818 |
| | 3156 | Merrial Terrac | 220 |
| | Marg | ate FL 3304 City/State and Zip Code 25tillo @ outloo | K.com |
| | Johnnie Co | astillo 6 outloo | K. COM |
| For further information co | oncerning this matter, please ca | all: | |
| Johnn'te Name of | | at (786) 985 Area Code Daytime | -7236 Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registra | NG ADDRESS: ation Section to of Corporations x 6327 | STREET/COURIE Registration Section Division of Corpora Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Tit & hun (| dym LLC |
|---|---|
| (Name of the Limited Liabl (A Floric | lity Company as it now appears on our records.) Ia Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document numberL1700061 | Company were filed on $3/16/2017$ and assigned 441 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | mited liability company here: + & All, LLC mited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C" |
| The new name must be distinguishable and contain the words "Lucetter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD) | 3156 Merrick Terrace |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3156 Merrick Terrace Margotte FL 33063 |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- | istered office address on our records, enter the name of the new dress here: |
| Name of New Registered Agent: | Johnnie Castilla 3156 Merrick Terrace |
| New Registered Office Address: | 3156 Merrick Terrace Enter Florida street address Margate Florida 33063 Zup 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 = Manager

AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> **Name** Johnnie Castillo 3156 Merrick Terroce Margate FL 33063 □ Add ☐ Remove □ Change ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove

☐ Change

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| f an effectiv | date, if other than the edate is listed, the date mu | st be specific and | cannot be prior to | date of filing or mo | ore than 90 days aft | tional) ter filing.) Pursuant to 60: | 5.0207 (3 |
| | ne date inserted in this b is effective date on the D | | | ole statutory filing | g requirements, th | ais date will not be list | ed as tr |
| | | | | | | | |
| | specifies a delaye | | ate, but not | an effective ti | ime, at 12:01 | a.m. on the earli | er of: |
| | | ord is filed. | | | | | |
| | th day after the rec | | / | 1. | | | |
| The 90t | th day after the rec | 118 | | // | | | |
| The 90t | | /18 | // | /// | | | |
| The 90t | th day after the rec | 118 The | / - / M | 1/1- | | | |
| | th day after the rec | 35 nature of a n | newser or author | ized representative | of a member | | |

Page 3 of 3

Filing Fee: \$25.00