L17000094104

| (Requestor's Name) | |
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| (Address) | |
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| (Addiess) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| (Social Methods) | |
| | |
| Certified Copies Certificates of Statu | s |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| ,IO: | Registration S Division of Co | | | |
|-------------|----------------------------------|--|---|--|
| SIIR | Funny Peo JECT: | ple LLC | | |
| .,019. | | Name of Lim | iited Liability Company | |
| The c | rnclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Pleas | se return all correspo | ondence concerning this matter | to the following: | |
| | | Shereen Kassam | | |
| | | | Name of Person | |
| | | | Firm-Company | |
| | | 8254 Lisbon Court | | |
| | | | Address | |
| | | Orlando, FL 32836 | | |
| | | shereenk@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For fi | urther information c | concerning this matter, please ca | all; | |
| Sher | een Kassam | | 401 225.9580 at () | |
| | Name (| of Person | Area Code Daytime | : Telephone Number |
| Enck | sed is a check for t | he following amount: | | |
| ₿ \$ | 25,00 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) |

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**

| Funny People LLC | | |
|---|--|------------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lu | Company as it now appears on our recor mited Liability Company) | <u>ds.</u> 1 |
| The Articles of Organization for this Limited Liability Com- dorida document number $\frac{L17000094104}{L17000094104}$ | npany were filed on April 27, 2017 | and assigned |
| forida document number | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | I liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | 4361 Gardenstone Court | SE SE |
| <u>Principal office address MUST BE A STREET ADDRES</u> | (S) Kissimmee, Fl. 34746 | LANGE T |
| | | FILE AMASSEE |
| Inter new mailing address, if applicable: | 4361 Gardenstone Court | E.F.C |
| Mailing address MAY BE A POST OFFICE BOX) | Kissimmee, FL 34746 | ORIO ORIO |
| | | <u>-</u> |
| 3. If amending the registered agent and/or register egistered agent and/or the new registered office address Name of New Registered Agent: James D. | <u>s here</u> : | ls, <u>enter the name of the n</u> |
| New Registered Office Address: 4361 Gard | denstone Court | |
| | Enter Florida street addre | |
| Kissimme | <u>ee,</u> F | lorida 34746 Zip Code |
| | Cny | Zip Code |

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

Page 1 of 3

'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> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|-------------------|----------------|
| MGR | Shereen Kassam | 8254 Lisbon Court | |
| | | Orlando, FL 32836 | 5 0 |
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| Effective date, if other than the | date of filing: | (op | tional) |
| (If an effective date is listed, the date min- <u>Note:</u> If the date inserted in this bl document's effective date on the D | ock does not meet the applicable | e statutory filing requirements, t | his date will not be listed as the |
| the record specifies a delayed) The 90th day after the rec | d effective date, but not a ord is filed. | nn effective time, at 12:01 | . a.m. on the earlier of: |
| Dated August 20 | 2017 | , | |
| | DEA - | | ۲, |
| | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00