

L18000011806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

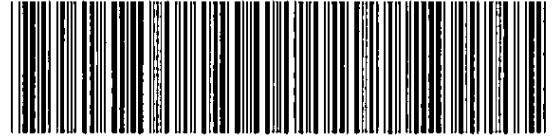
(Business Entity Name)

(Document Number)

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19 FEB 12 AM 10:23

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2019 FEB 12 AM 10:39

SECRETARY OF STATE  
FALL JAVASE P. #1 60007

M. MILLIGAN  
FEB 12 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fancy Nancy Havana Antiques LLC  
Name of Limited Liability Company  
(~~Fancy Nancy~~: The Funky Emporium LLC)

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Nancy Foley  
Name of Person

Fancy Nancy Havana Antiques, LLC  
Firm/Company

2004 Alton Dr. Tallahassee, FL 32303  
Address

Tallahassee, FL 32303  
City/State and Zip Code

Naneyd0110@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Foley at (850) 509-4792  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

FILED  
2019 FEB 12 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Funky Emporium, 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 1/12/18 and assigned Florida document number L18000011806

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fancy Nancy Havana Antiques, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

106 E. 7th Ave.  
Havana, FL. 32333  
32333

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2004 Alton Dr.  
Tallahassee, FL. 32303

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:

N/A

New Registered Office Address:

106 E. 7th Ave. ~~Hav~~  
Enter Florida street address

Havana, Florida 32333  
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.

N/A

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	N/A	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 2/12/19

Signature of a member or authorized representative of a member

Nancy Foley
Typed or printed name of signee

2019 FEB 12 AM 10:39
SECRETARY OF STATE
DEPARTMENT OF STATE
FILED