## 118000244872

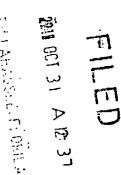
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submisso Linkly Marrie)
(Document Number)
(Coochia III I I I I I I I I I I I I I I I I I
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



800320114238

10/31/18--01012--018 \*\*25.00



## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Retro Fun		
	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
		O : Hasa :	
		Roni Harari Name of Person	
	Retro	Fun LLC Firm/Company	E OCT 31 A ID 31
			00131 A
	5780 los	palma usta de	
	<u>Oclai</u>	NO FL 3283 City/State and Zip Code	9 5 3
	E-mail address: (	City/State and Zip Code  + Of Unit Code  (to be used for future annual report notification)	Dailo com
For further information of	concerning this matter, please c	all:	
Roni Ho	UCAN Of Person	at ( <u>407</u> ) <u>432</u> Area Code Daytime	Telephone Number
Enclosed 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)
		Amp 1977	ND - DDDD00

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**

Ketro Fun 1	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 10118/2018 and assigned
Florida document number <u>L 18000 24487</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	in the second se
(Principal office address MUST BE A STREET ADDRESS)	P 000
Trincipal office datases in ogt instruction	
D. J	
Enter new mailing address, if applicable:	- · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic	ce address on our records, enter the name of th
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Effet Parka Sirect dataress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Roni Harari	5780 los palma visto	Add Remove
			□ Remove
			Add  Remove  C  C  Change
			Change Add
		70 70 72	□ Remove
			□ Remove
			□ Remove
			Change
			□ Add □ Remove
			☐ Change

				<del></del>
			· · · · · · · · · · · · · · · · · · ·	
			<u>.</u> .	
		<del></del>		
				<del></del>
			oc T	11
			: <u> </u>	m
			, D	
		<del></del>		
			<u> </u>	<u> </u>
			<del></del>	<u> </u>
				<u> </u>
ective date, if other than the date of	filing:		_ (optional)	
effective date is listed, the date must be specificated in this block does	ic and cannot be prior to date	e of filing or more than 90 d	ays after filing.) Pursua	nt to 605.020 t <b>be listed</b> a
ument's effective date on the Departmen				
record specifies a delayed effecti	ve date, but not an	effective time, at 1	2:01 a.m. on the	e earlier (
he 90th day after the record is fi				
cd 10/25/2018				
cu <u>  10 10 - 1</u>		//		
Signature	of a member or authorized	representative of a member		
-				

Page 3 of 3

Filing Fee: \$25.00