

LIB000263697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

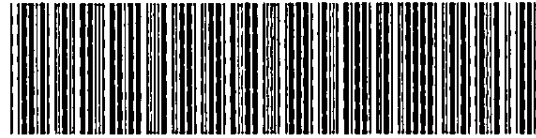
(Document Number)

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FILED
19 JAN -2 PM 4:00
STATE OF FLORIDA
TALLAHASSEE

K SAIY
JAN 7 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2018

FOUND FUNDS LLC
3624 ALDER DR.
APT. A1
WEST PALM BEACH, FL 33417

SUBJECT: FOUND FUNDS LLC
Ref. Number: L18000263697

We have received your document for FOUND FUNDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000030213 "GLOBAL RESERVE, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00025419

2019 JAN -2 AM 11:59

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Found FUNDS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/08/2018 and assigned Florida document number 48000263697.

This amendment is submitted to amend the following:

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

Grand Discoveries LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida

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, 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRET
TALLAHASSEE, FLORIDA

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

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19 JAN -2 PM 4:01
STATE OF NEW YORK

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.

THE FOLLOWING INFORMATION IS BEING PROVIDED FOR THE RECORDS OF THE DEPARTMENT OF STATE AND IS NOT TO BE USED FOR ANY OTHER PURPOSE.

Dated December 26, 2018.

Wendie Guerrier
Signature of a member or authorized representative of a member

Wendie Guerrier
Typed or printed name of signee