L19000175069

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
    Division of Corporations
    Fax Number   : (850)617-6383

From:
    Account Name   : SOUZA'S TAX & ACCOUNTING
    Account Number : I20230000087
    Phone   : (321)895-4099
    Fax Number   : (321)283-0900

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: incorporating@souzatax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FUN LIFE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

To: ·   ·   Page 3 of 5   2023-10-10 19:08:54 GMT   13212830900   From: .

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fun Life 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 07/08/2019 _____ and assigned

Florida document number L19000175069 _____.

This amendment is submitted to amend the following:

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

(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: Souza's Tax & Accounting Professionals Inc

New Registered Office Address: 6239 Edgewater Dr. Ste D1
                                _____
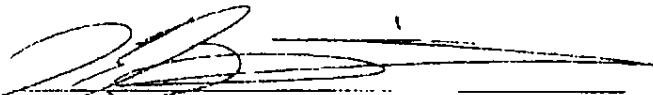   Enter Florida street address

Orlando _____, Florida 32810
        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

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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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____ _____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____ _____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

_____

_____

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 __October 9th_____, __2023_____

_____
Signature of a member or authorized representative of a member

Ricky Souza
_____
Typed or printed name of signee

Filing Fee: $25.00