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SECRETANT OF STATE

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Funds Find	iac IIC	
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		n Artuso	
		Name of Person	
	Fun	ds Finder LLC FindCompany	
		dompany	
	330	SW 65th Avenue	
		Address	
	Mo	Lity State and Zip Code	
		•	
	E-mail address:	to be used for future annual report r	notification)
For further information of	concerning this matter, please of		
E1100	. Artuso	OC. 1	77 - 77 2 11 2
	of Person	 *** \ /	37-7343 time Telephone Number
			·
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
N			
Mailing Addres Registration S		Street Address:	ection
Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	v <u>as it now appears on our records.</u>) ability Company)
V. C.	
The Articles of Organization for this Limited Liability Company w	vere filed on March 19, 2020 and assigned
Florida document number <u>L2COCOO94609</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	<u>c</u>
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A
• •	28
(Principal office address MUST BE A STREET ADDRESS)	APR
	inc.
Enter new mailing address, if applicable:	AA AA
(Mailing address MAY BE A POST OFFICE BOX)	7: 0RJ
	200
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. F lo rida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			Edd Control
			ALL APR PREMOVE
			□Change
			□Add
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							10,	<u> </u>	<u> </u>
Effective	date, if other tha	n the date of	filing:	at he prior to de	te of filing or m	ore than 90 day	optional)	Durcuant	to 605 02
Note: If the	he date inserted in	this block does	not meet th	ne applicable	statutory filin	g requirement	s, this date v	vill not b	e listed
document	s effective date on	the Departmen	it of State's	records.					
e record sp	ecifies a delayed e	ffective date, by	ut not an ef	fective time,	at 12:01 a.m.	on the earlier	of: (b) The	90th da	y after th
rd is filed.	·								,
	2	0		2020					
Dated	April			<u> 2020 </u>					
		む	un (rasifered	5	of a member			
		Signature	of a membe	r or authorized	l representative	of a member		-	