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(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	_
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
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(Doc	ument Number)	1
rtified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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OCT 28 2020

COVER LETTER

r: Registration Division of C			_
вјест:	FUI	nky Ind	190, LLC
	Name of Limite	ed Liab lity Company	J
e enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
ease return all corres	spondence concerning this matter to	o the following:	
	FRA	Name of Person	evas
	F	UNKY INC	ligo, LLC
	16391	NW 12	ST
	Pembao		FL 33028
	E-mail address: (to		gmail. Com
or further information	n concerning this matter, please cal	11:	
	isco Wevas		870-0270 Daytime Telephone Number
14411	e of reison	Alea Code L	ssyttile retephone (value)
inclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section f Corporations	The Centre 2415 N. M	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	UNKY LOCIGORY	-C-7:21
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
: Articles of Organization for this Limited Liab	oility Company were filed on 6-2	9-20 ZO and assigned
s amendment is submitted to amend the follow	ring:	
If amending name, enter the new name of t	he limited liability company here:	
new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicat	le:	
incipal office address MUST BE A STREET	ADDRESS)	
ter new mailing address, if applicable:		
<u>ailing address MAY BE A POST OFFICE B</u>	<u></u>	
		<u> </u>
If amending the registered agent and/or reg nt and/or the new registered office address		enter the name of the new registered
Name of New Registered Agent:	CAROLINE CVI	
New Registered Office Address:	16391 NW 12	
	Pembroke Pines	_

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being auded emoved from our records: R = Manager IBR = Authorized Member Type of Action Address 2720 St. 21 Att 7:21 Name ENZA BODERONE 16391 NW 12 ST DANG Pembroke fines, FL 33029 Remove

16391 NW 12 ST _____ Change

FRANCISCO CUEVAS Pembroke Pines, FL 33028

Add Remove □Change _____ Remove □ Change Remove _____ □ Remove ____ Change

☐ Add
☐ Remove

	27/18_ 27 Att 7:21
	- 101 11 Z I
ctive date, if other than the date of	f filing: (optional)
effective date is listed, the date must be speced: If the date inserted in this block doe	rific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is not meet the applicable statutory filing requirements, this date will not be listed as
ment's effective date on the Departme	
ord specifies a delayed effective date, befiled.	out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d 8-30	2020
d 8-30	

Typed or printed name of signee