## L20000369901

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

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SUBJECT: Fun Invest		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Chaya M. Cloward	Name of Person		_	
	Fun Investments, LLC	name of retain			
	Tun investments, E.i.e.	Firm/Company		_	
	112B 2nd St			_ ~ %	
		Address		2021 HAY 24 PM 2: 05 SECRETAIN SEE, FI	7
	St Augustine, FL 32080			2	•
		City/State and Zip Code		AY 24 PM	
	michelcloward@gmail.com E-mail address: (	n to be used for future annual report notif	ication)	所 ST SECT	(
For further information c	oncerning this matter, please c	all:		05 115	
Chaya Cloward		at (904)_6878263			
Name o	f Person	Area Code Daytime	: Telephone Numbe	eī	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Addres Registration 5 Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T	porations allahassee		
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite	810	

Tallahassee, FL 32303



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fun Investments, LLC		<del>(i. )</del>
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	<u>13.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 11/23/2020	and assigned
Florida document number 1.20000369901		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Chaya Michel Cloward, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	112B 2nd St	<u>-</u>
Principal office address MUST BE A STREET ADDRESS)	St Augustine, FL 32080	
		SECRET
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		
		PM 2
B. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	<i>is</i>
	·	orida Zip Code
	City	гір Соав

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 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>	Address	Type of Action
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			Change
		<u>.</u>	
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