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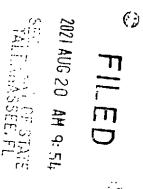
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COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Down Scheffort Name of Person
Please return all correspondence concerning this matter to the following: Down Scheffort Name of Person
Please return all correspondence concerning this matter to the following: Down Scheffort Name of Person
Donna Scheffort Name of Person FUFUN LLC Firm/Company Address
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For further information concerning this matter, please call:
ror turner information concerning this matter, please can.
Name of Person at (BU) 994-0130 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solution Status Solution S

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 8/03/303	aı	nd assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
FUFUND.	LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviati	on "L.L.	.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
		····	- =-	<u>()</u>
		<u> </u>	121 #	
Enter new mailing address, if applicable:	, P. T		A UG	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u>₹</u>	20	
		<u> </u>	A	П
		THE	÷	D
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name'or tr	ie new	registered
				*
Name of New Registered Agent:				<u>_</u>
New Registered Office Address:				
	Enter Florida street address			
·	Florida		4) (<u>_</u>
	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 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
MGR	Donna Scherlore	1916P 20524 24	&Add
		Ft. Myris FL 33913	□Remove
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he record spec ord is filed.	ifies a delayed effe	ective date, but r	not an effec	ctive time.	, at 12:01 a	m, on the ear	lier of: (b)	The 90th da	y after the
Dated <u>As</u>	qust 18		, <u>30</u>) 6 (
<		Dale							
		Signature of	a member o	or authorize	ed representa	itive of a memb	per		
	_	Schera							