## L22000 254969

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section

Division of Cor	rporations		
Eunoe Coll	ective LLC		
SUBJECT:	NCI	ited Liability Company	
	Name of Lim	пеа главниу Сотрапу	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karen-Dawn (KD) Braden	and Barry Scott Friedman	
		Name of Person	
	Eunoe Collective LLC		
		Firm/Company	
	1633 Dormont Lane		7
		Address	
	Orlando, FL, 32804		
	eunoecollective@gmail.com	City/State and Zip Code	
	-	to be used for future annual report noti	fication)
Dise firethise in Exemption 2	concerning this matter, please c		6
Barry Scott Friedman	tine this matter, preuse of	612 270-0908	
isting the contraction		at (	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	<del>-</del>	The Centre of T	-
Tallahassee,	FL 32314		e Street, Suite 810
		Tallahassee, FL	. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Funce Collective LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability Cor Florida document number 1.22000254969	mpany were filed on June 3, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	<u></u>
		. 5.2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 06
-		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	, Flo	rida
<del></del> -	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			☐ Remove
			06
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change

Effective date, if other than the date of filing:  [In 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 More;  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.  [If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and is filed.  [May 13 2023 2023 2023 2024 2024 2024 2024 202	_					
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