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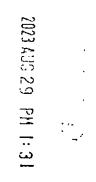
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Special Instructions to	Filing Officer:	





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A. PARISHANI SEP 17 2023

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co					
	SHOPLLC				
SUBJECT:	Name of Lim	ited Liability Company			
			-	202	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	I,.	2023 AUG 29	<u>:</u>
Please return all corresp	ondence concerning this matter	to the following:		29 P	
	BRANDON SCIORTINO			===	
		Name of Person	-	– <u>ယ</u>	
		Firm/Company		_	
	12980 TREELINE COUR	г			
		Address		_	
	NORTH FORT MYERS, I	FL 33903			
		City/State and Zip Code		_	
	brandon@gofundshop.com				
	E-mail address: (1	to be used for future annual report notific	cation)		
For further information	concerning this matter, please ca	ıll:			
BRANDON SCIORTII	NO	at (631) 747-	3/35		
Name	of Person	(Area Code) Daytime	Telephone Numb	er	-
Enclosed is a check for	the 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 S	tatus &
Mailing Addr		Street Address:			
Registration	Section Corporations	Registration Sect Division of Corp.			
P.O. Box 63		The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023
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FUNDSHOPLLC	·-	
(Name of the Limited Liability Company (A Florida Limited Lia		<u>ω</u>
The Articles of Organization for this Limited Liability Company w Florida document number L23000361453	vere filed on 01/25/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
FUNDSHOP, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the nam	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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
			DAdd
			□Remove
			EChange 23 AUAdd 29
			
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Remove
			□ Change

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(Signature of a member of authorized representative of a member)	ed August 25th , 2023	- ·
<i>11</i>	ed August 25th , 2023	/ ·

Filing Fee: \$25.00