L24000217814

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SECRETARY OF STATE

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COVER LETTER

	P. J. OMATELIA
SUBJEC	Fundo SPV T LLC F:
	Name of Limited Liability Company
he encl	sed Articles of Amendment and feets) are submitted for liting.
lease re	arn all correspondence concerning this matter to the following:
	Michael Lupolover
	Name of Person
	Fundo LLC
	Firm/Company
	3323 NE 163rd Street, Sutic 509
	Address
	North Miami Beach FL 33160
	City/State and Zip Code
	michael@fundo.com
	E-mail address (to be used for future annual report notification)
For furth	r information concerning this matter, please call;
Melanie	at ()
	Name of Person Area Code Daytime Telephone Number

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

Certificate of Status

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Fimited	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number 1.24000217814	iability Company	were filed on May 9t	h 2024	and assigned	
This amendment is submitted to amend the foll	lowing:				
A. If amending name, <u>enter the new name c</u>	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company." the design	ation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applic	eable:	3323 NE 163 Street Suite 509			
(Principal office address MUST BE A STREI					
	<u> </u>	North Miami Beach.	FL 33160		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3323 NE 163 Street			
		Suite 509			
		North Miami Beach, FL 33160			
B. If amending the registered agent and/or agent and/or the new registered office addressed and the Name of New Registered Agent:		address on our recor	ds, <u>enter the name o</u>		
New Registered Office Address:	3323 NE 163 Street		ALI		
•	North Miami B	Enter Florida s	rect <i>ash</i> ess Florida _33160	SECRETARY OF TALLAHAS	
		Uny	r iorida	Zip Cold O >	
New Registered Agent's Signature, if changing	Registered Agent:			F S F,	
t hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my orovided for in Chap	luties, and I am fam ter 605, F.S. Or, if t	iliar with and [7] his document is [7]	

If Changing Registered Agent, Signature of New Registered Agent

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	Fundo LLC	3323 NE 163 Street	
		Suite 509	
		North Miami Beach, FL 33160	□Change
MGR	Michael Lupolover	17001 COLLINS AVENUE	□Add
		APT 4505	■Remove
		SUNNY ISLES BCH. FL 33160	□Change
			□Add
			□Remove
			□Change
			2024 AUG 13 AM 9: 4 SECRIMARY ARY STAT
		-	- Change A PT SI
			□Change
			🗆 Add
			□Remove
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Effective date, if other than the	05/09/2024			2024 AUG SECRETA TALLAI
I an effective date is listed, the date mo	st be specific and cannot be prior to	date of filing or more than 9	(optional) O days after filing.) Pursuan	ria 50*1207 (3xh)
Note: If the date inserted in this be document's effective date on the E	fock does not meet the applicable partitions of State's records.	de statutory (iling require	ments, this date will not	07
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record specifies a delayed effective is filed.	e date, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th da	Manufact to
Dated August 5th	2024			
		. •		
	Simplified to make the	X	L	
	Signature of a member or authorize	zea representative of a mem	DCT	
Michael Lupolover				

Filing Fee: \$25.00