M16000010302

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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O SIMMONS MAR 27 2017

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Fund The Kids	
Name of Fo	reign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Louis Bruno	
Name of Person	
Fund The Kids LLC	
Firm/Company	
5645 Spanish Oaks La	ane
Address	
Naples, Florida 34119	
City/State and Zip C	Code
louis@brunoair.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this mat	tter, please call:
Louis Bruno	239 281-5443
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Sta	\$55 Filing Fee & \$60 Filing Fee,

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida	Department of
State: Fund The Kids, LLC		
Enter new principal office address, if applicable:	N/A	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	24 AH 10: 02
2. The Florida document number of this limited lie	ability company is: M16000	0010302
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	changes) st contain "Limited Liability Condition of the purpose of transacting anaging members adopting the section of "LLC.")	alternate name. The alternate name
 If amending the registered agent and/or registered registered agent and/or the new registered office a 	ed officer address on our record ddress here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Flori	da Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	egistered Agent: ent and agree to act in this cape and complete performance of tered agent as provided for in a in the registered office addres	my duties, and I am familiar with Chapter 605, F.S. Or, if this

Fitle/ Capacity	<u>Name</u>	Address	Type of Action	
Managing Membar	Michael Garcyznski	5645 Spanish Oaks Lane, Naples, FL 34119 ■Add		
			Remove	
John Tolisano	5645 Spanish Oaks Lane, Naples, FI 34119	■Add		
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	

Filing Fee: \$25.00