11000027664

	! !
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
W17-71031 SIGN	

Office Use Only



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K. SALY SEP 1 8 2017

COVER LETTER

•	ration S on of Co	ection rporation	s	
SUBJECT: _	1	ť.XX	Inves	timents LLC
		<u> </u>	Nam	of Limited Liability Company
The enclosed A	rticles of	Amendm	ent and fee(s)	re submitted for filing
Please return all	correspo	ondence co	oncerning this	matter to the following:
			Dexto	- Milton
				Name of Person
			***************************************	Firm/Company
		13	DIO 5	Address
			10: 410.24.	City/State and Zip Code
		<u>_d</u>	E-mail ad	City/State and Zip Code The Control of Control The State and Zip Code The Control of Control The State and Zip Code The Control The Code and Zip Code The Code an
For further infor	mation c			
Dexte		11 TOF	<u> </u>	at (736) SO(2-3500) Area Code Daytime Telephone Number
				Payante receptivite returned
Enclosed is a che	eck for tl	ne followii	ig amount:	
□ \$25.00 Filin	g Fee		00 Filing Fee utificate of Sta	
	Registr Divisio P.O. Bo	ING ADD ation Secti n of Corpo ox 6327 ssec, FL 3	on orations	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	2017 0-
Flexx Inves	stments LLC	20/18EP 18 PM 3:
(Name of the Lim	ted Liability Company as it now appears on our recoi (A Florida Limited Liability Company)	US.) TELAHASSI DES
The Articles of Organization for this Limited E	Liability Company were filed on $\frac{3/7/2}{1}$	and assigned and assigned
Florida document numberL100002	<u> </u>	
This amendment is submitted to amend the fol	 lowing: 	
A. If amending name, enter the new name	of the limited liability company here:	
Flexx LLC	,	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	(EBOX)	
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on our recor	ds, enter the name of the new
Name of New Registered Agent:	Glen Crawtord	
New Registered Office Address:	Glen Crawford 13210 SW 254+6 Tex Enter Florida street adds	race
	Homestead	
	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 Changing Registered Agent, Signature of New Registered Agent

Olen Caarole

MGR = Ma AMBR = At	anager* uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
ACR.	Oten (rowford)	13010 SN 259th Ferrage	[J Add
(Prodent)	errt)	Homestead, FL 33632	☐ Remove
			☐ Change
MER	Doxtor Million	13210 SNV 254HA Ferrace	
HOR Gerdent)	sideol)	Homestead, FC 35033	Remove
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If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	2017 SEP 18 FM 3: 05
	18 F# 3:00
	ALAMASSAM S A.

Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 block does not meet the applicable statutory filing requirements, this date will not be listed as
the record enecifies a dela-	ved effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the i	
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Glen Crawford
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2017

DEXTER MILTON 13210 SW 254TH TERRACE HOMESTEAD, FL 33032

SUBJECT: FLEXX INVESTMENTS LLC

Ref. Number: L11000027664

We have received your document for FLEXX INVESTMENTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00017835

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