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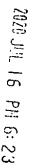
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07/23/20--U1036--029 **60.00



AUG 2 7 2020

S. YOUNG



COVER LETTER

Division of Corpo		•	
SURJECT: FLA.	LES OF FIFE D	ESIGNS 21.C	·
	Name of Lin	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ALESAN	10 Po PENTERIA	
		Name of Person	
		Firm/Company	
	106 RUSI	KIN DRIVE	
		Address	
	SAENT JO	HNS FL 32259 - 9163 City/State and Zip Code Whotmail.com	
	L	City/State and Zip Code	
		to be used for future annual report notif	
For further information con	cerning this matter, please c	•	
ALEJANDRO	0=11=0+1		0021
Name of P	erson	at (<u>561</u>) <u>389 –</u> Area Code Daytime	Telephone Number
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLARES OF FIRE DESIGNS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number LZ 0000 129 284 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ 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

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
ANBR	JULIANA M. PENTERIA	106 RUSKIN DRIVE	X Add
		SAFNT JOHNS, FL 32259	□Remove
			□Change
			□Add
			□Remove
		□Change	
		□ Add	
			□Remove
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		🗆 Add	
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			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note:</u>	tive date, if other than the date of filing:
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	1 07/13/2020 at 8:00 AM.
	Signature of a member or authorized representative of a member
	ALEJANDRO RENTERIA Typed or printed name of signee

Filing Fee: \$25.00