121000397162

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

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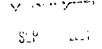


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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/09/2021	_		⇔WALK IN
ENTITY NAME_Flamer	ce LLC		WALL
CIVITI IVALIL			
DOCUMENT NUMBER_			
	PLEASE FILE TH	HE ATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Stu		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: 12016000	00072
		5 8 FM	
Place all Time at t	ka akana mukan kan	any issues or concerns. Thank y	a= 00 much/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flamerce LLC				
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited I	Liability Company were	e filed on 09/07/2021	and a	ssigned
Florida document number L21000397162	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation	L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	·		
Enter new mailing address, if applicable:	_	·····		
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or		ess on our records, <u>enter the</u>	name of the n	ew registere
agent and/or the new registered office addre	ess here:			
Name of New Registered Agent:	David Bensoussan		157 6	p.e.s.
New Registered Office Address:	66 West Flagler Stre	et Suite 900	SSE A	
		Enter Florida street address	E. 8.	
	Miami	Floric		·
		City	Zip Cod	le .

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.

David Bensoussan

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
			Change
			□Add
			[]Remove
			□Remove
		□Change	
			□Add
		□Remove	
		□Change	
			□ Add
		□Remove	
			□ Change

Page 2 of 3

D. If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.
Dated September 9 th	2021
	Syed Niamat Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Syed Niamat
	Typed or printed name of signee

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Filing Fee: \$25.00