## L24000103890

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## **COVER LETTER**

TO: Registration Se Division of Co								
FLC FINA	NCIAL LLC							
SUBJECT:Name of Limited Liability Company								
	Name of thin	ned Machiny Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	FRANCISCO FERNANDI	Z						
		Name of Person						
	FLC FINANCIAL LLC							
		Firm/Company	-					
	PO BOX 3625							
		Address						
	LONG KEY, FLORIDA 33	3001						
	FFEQUIPMENT@ATT.NE	City/State and Zip Code						
	E-mail address: (	to be used for future annual report noti	fication)					
For further information of	concerning this matter, please ca	all:						
FRANCISCO FERNANDEZ		786 487-7040						
Name of Person		at () Area Code Daytim	ne Telephone Number					
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Addre		Street Address:	wtion					
Registration Section Division of Corporations		Registration Section Division of Corporations						
P.O. Box 633		The Centre of Tallahassee						

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLC FINANCIAL LLC		23 PY 2:50
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Colorida document number 1.24000103890	Company were filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
the new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>er</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	dress
		, Florida
<del></del> -	City	, Florida 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

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 **Type of Action** <u>Address</u> Name Title PO BOX 3625 LONG KEY FL 33001 LIUVA FERNANDEZ MGR  $\square$ Add Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □ Change

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ument	s effective d	ate on the Dep	artment of S	tate's recoi	rds.					
cord s	ecifies a dela	yed effective	date, but not	an effectiv	e time, at 1	2:01 a.m. on	the earlier o	f: (b) The	90th day after	th
s filed.										
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