

**L02000013592**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

K. SALY  
APR 13 2017

**KMK** | Keating Muething & Klekamp PLL  
ATTORNEYS AT LAW

**JANET M. WELLING**  
DIRECT DIAL: (513) 639-3832  
FACSIMILE: (513) 579-6457  
E-MAIL: JWELLING@KMKLAW.COM

April 4, 2017

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Flexscape, L.L.C.

To Whom it May Concern:


Enclosed, for filing as soon as possible upon receipt, are an original and a copy of the Articles of Amendment for the above-referenced limited liability company.

I am also enclosing a check for \$25.00 in payment of the filing fees. Please return evidence of the filing to my attention at the address set forth below.

If, for any reason, this document cannot be processed, please call me at 513-639-3832.

Thank you for your time and attention to this filing.

Sincerely,

  
Janet M. Welling  
Paralegal

Enclosures  
cc:

7519575.1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Flexscape, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janet Welling

\_\_\_\_\_  
Name of Person

Keating Muething & Klekamp PLL

\_\_\_\_\_  
Firm/Company

One East Fourth Street, Suite 1400

\_\_\_\_\_  
Address

Cincinnati, OH 45202

\_\_\_\_\_  
City/State and Zip Code

kevin@flexscape.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Welling

513

639-3832

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

FILED  
2017 APR 11 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Flexscape, L.L.C.

(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 06/04/2002 and assigned  
Florida document number L02000013592.

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 "L.L.C."

Enter new principal offices address, if applicable:

161 Pine St #4

**(Principal office address MUST BE A STREET ADDRESS)**

Portland, ME 04102

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Drive

Enter Florida street address

Plantation

, Florida 33324

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.*

CT Corporation System

*Angel Shearer*

**Angel Shearer**

**Assistant Secretary**

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>	<u>Type of Action</u>
MGR	Torsten Heinze	161 Pine Street #4	<input type="checkbox"/> Add
		Portland, ME 04102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2011 APR 11  
SCHOOL DISTRICT OF FLORIDA  
ATLANTA, GEORGIA

FILED  
APR 10 24  
TALLAHASSEE, FLORIDA  
COUNTY 11

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 4, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee