

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

LO2000018270

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000254306 3))



H250002543063ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

2025 JUL 21 PM 12 36
OFFICE OF THE STATE
SECRETARY OF STATE
CORPORATION DIVISION

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPILLARY FLOW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 JUL 21 PM 12 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Capillary Flow, 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 07/18/2002 and assigned
Florida document number L02000018270.

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:

16282 E Lancashire Drive

(Principal office address MUST BE A STREET ADDRESS)

Loxahatchee, FL 33470

Enter new mailing address, if applicable:

16282 E Lancashire Drive

(Mailing address MAY BE A POST OFFICE BOX)

Loxahatchee, FL 33470

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:

16282 E Lancashire Drive

Enter Florida street address

Loxahatchee

Florida 33470

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

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>
MGRM	STERNBERG, MARTIN	16282 E Lancashire Drive	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Controller	Funk, Bradley	16282 E Lancashire Drive	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Construction Manager	Bruce, Nick	16282 E Lancashire Drive	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Staff Accountant	Patton, Brandy	16282 E Lancashire Drive	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

