L05000094680

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
. , , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
	_			
Special Instructions to Filing Officer.				

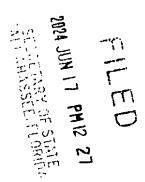
Office Use Only



600429059886

LLC Amend

05/07/24--01043--008 **\$2.50



A. RAMSEY

£00789,00524,00671



May 30, 2024

TRACEY FULMER FLTO3, LLC 4035 SW 8 PLACE, UNIT 101 CAPE CORAL, FL 33914

SUBJECT: FLT 03, L.L.C. Ref. Number: L05000094680

We have received your document for FLT 03, L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a limited partnership and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

@ DOS. Myflorida, com

Annette Ramsey 🗶

Letter Number: 024A00011719

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: FLT03, LLC 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:					
2 Tracey Fulmer Name of Person					
Firm/Company					
4035 SW 8 P Unit 101					
lape loral FC 33914					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Randof Person at (25) 991-1061 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Mailing Address: Registration Section Street Address: Registration Section					

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

FILED

トレナのろん			2024 JUN 17 PM 12 27
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our record Liability Company)	~' ' / 511 / COPE PE AGIS /
The Articles of Organization for this Limited Lia	ibility Company	were filed on <u>LOSOCOS</u>	and assigned
Florida document number LOSCOOOLUG	W .		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	rds "Limited Liabi	lity Company," the designation "LLC	"or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	4035 3W B	Pl
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	Cupe Coral F	L 33914
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	(OX)	 	
B. If amending the registered agent and/or re agent and/or the new registered office address			the name of the new registered
Name of New Registered Agent:	DI	acey Fulme	
New Registered Office Address:	4035	SW & P\ Enter Florida street addres	Unit 101
	Cape 1	\	orida 33916/

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
MQ(Randy A Fulmor	107 SW S3 Ter	🖸 Add
9		lape loral FL 339)/L/Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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)(h) 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. If the record 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 record is filed. ignature of a member or authorized representative of a member