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22 APR IL PHIZ:

T. MATTHEWS MAY - 6 2022

COVER LETTER

TO: Registration S Division of Co			
FLTR LLC	C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ISAAC MANZO, ESQ.		
		Name of Person	
	MANZO & ASSOCIATE	S, P.A.	
		Firm/Company	
	4767 NEW BROAD STRE	eer	
		Address	
	ORLANDO, FL 32814		
	MANZO@LAWYER.COM		
For further information	i:-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
ISAAC MANZO, ESQ		407 514-2692	
Name	of Person	at () Area Code Daytim	e 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 Addre		Street Address:	ution
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 63	•	The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED STATE ARTICLES OF ORGANIZATIONS OF CORPORATIONS OF 22 APR 14 PM 12: 32

FLTR LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/28/2007	and assigned
Florida document number L07000033343		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registero
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zıp 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 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
MGR	J.D. MANZO	4767 NEW BROAD STREET	bAdd
		ORLANDO, FL 32814	□Remove
			□Change
			□Add
			□Remove
			□Change
			☐Add
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ffective date, if other than the can effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the De	be specific and cannot be pack does not meet the app	ior to date of filing or more to licable statutory filing re	(optional) than 90 days after filing.) Pursuan quirements, this date will not	nt to 605.0207 (be listed as t
record specifies a delayed effective d is filed.	date, but not an effectiv	e time, at 12:01 a.m. on t	he earlier of: (b) The 90th d	ay after the
Pated APRIL 13	2022			
ated	·			
<		athorized representative of a		

Filing Fee: \$25.00