L08000 109288

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer: WICK! Markylics Approved Changes Will Chan

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September 3, 2020

JIM GARRETTSON FLOW SMART SEBRING, LLC 1909 WOODFORD RD VIENNE, VA 22182

SUBJECT: FLOW SMART SEBRING, LLC

Ref. Number: L08000109288

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THERE ARE NO APPARENT CHANGES MADE TO THE REGISTERED AGENT/REGISTERED OFFICE INFORMATION YOU HAVE SUBMITTED. PLEASE COMPLETE THE ATTACHED ARTICLES OF AMENDMENT FOR ANY OTHER CHANGES TO BE MADE AND RESUBMIT.

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.

Letter Number: 820A00016973

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

SUBJECT: 110W SMQVI Sebving, LLC Name of Limited Liability Company	
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:	
Jim Garre HSon Name of Person	
tive Cruys Burgers afries	
Firm/Company	
1355 US HWY1, Suite G	
Vero Beach, FL 32960 City/State and Zip Code	
City/State and Zip Code From a v t. Q a o l. c o v E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JIM Garre HSON at 203 447 COUT Name of Person Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	

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

TO:

Registration Section
Division of Corporations

Street Address:
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

Flow Smart Sebri (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11 25 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020 SE
(Principal office address MUST BE A STREET ADDRESS)	SE
Enter new mailing address, if applicable:	PH ::
Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	9
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	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 of removed from our records:

MGR = Manager AMBR = Authorized Member Address Name Title Type of Action MIGR + Jim Garrettson 1355 US HWY1 DANGED VERO BEACH, FL 32940 ___ □Remove _____ Change MAR John Donovan 1355 US HWY 1 DAdd VRVO Deach FL 32960 ___ **X**Remove manager John bonovan 1355 US HWY 1 DAdd

Vero Beach, FL

32940

MRcmove □ Change _ 🗆 Remove __ Change __ 🗆 Remove

__ Change

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<u>ie:</u> If th	date, if other than the date of filing: e date is listed, the date most be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing rec s effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605.0207 (3)(b) quirements, this date will not be listed as the
cord spe s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
ed	9/15/2020.	
	Signature of authorized representative of a	member
	C	