## \*4/10000/16300

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
	'- (O'	
(CI	ity/State/Zip/Phone #	<del>)</del> )
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



800254570138

12/16/13--01037--008 \*\*25.00

13 DEC 16 PM 1: 24
Secret ARY OF STATE
ART ARXSSEE, FLORIDA

K.SALY EXAMINER

DEC 1 8 2913

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Flux House & Garden Products, 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:

Micheal R. DeMas

Name of Person

Phase V of Southwest Florida, Inc (Registered Agent)

Firm/Company

12290 Treeline Ave

Address

Fort Myers, FL 33913

City/State and Zip Code

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

For further information concerning this matter, please call:

**Amber Cheek** 

<sub>.,</sub>,239 \**225-100**3

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)

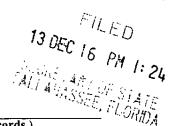
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



## Flux House & Garden Products, 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	y Company were filed on 11/08/2010	and assigned
Florida document number L10000116300		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Flux Products, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Futor and mailing address if applicables		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
(Muning undress MAT BE A FOST OFFICE BOA)		
B. If amending the registered agent and/or re		the name of the new
registered agent and/or the new registered office a	iddress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
ing with a street state of the	Enter Florida street a	ddress
	, Florida	
_	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
	<u> </u>		Add
			Remove
			<u> </u>
			Add
			Remove
			Add
			Remove
			Remove
			_
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Dated <u>A</u>	Gesember 11, 2013.
	Signature of a member or authorized representative of a member
	Michael R. DeMas, TREGISTERED AGENT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00