

L11 000 122 024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

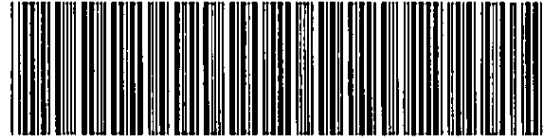
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/30/20
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLASH SEW AND QUILT, 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:

Name of Person

The Mattar Firm

Firm/Company

27499 Riverview Center Blvd. Suite 245

Address

Bonita Springs, FL 34134

City/State and Zip Code

info@themattarfirm.com

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

For further information concerning this matter, please call:

Name of Person

at (239) 222-2222
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 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**

FLASH SEW AND QUILT, 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 10/26/2011 and assigned Florida document number L11000122024.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Enter Florida street address

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 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.

[Handwritten signatures]

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	HAVARD, HAROLD GSR.	3314 HAMPTON BLVD.	<input type="checkbox"/> Add
		ALVA, FL 33920	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	HAVARD, CYNTHIA M	3314 HAMPTON BLVD	<input type="checkbox"/> Add
		ALVA, FL 33920	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Harold Gene Havard, Sr. and Cynthia May Havard, Trustees of the Harvard Family Trust dated November 10, 2020.		<input type="checkbox"/> Add
		16040 Herons View Drive	<input type="checkbox"/> Remove
		Alva, Florida 33920	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 Change
 Add
 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending MGRM from HAROLD G. HAVARD SR. and CYNTHIA M. HAVARD to their trust.

Harold Gene Havard, Sr. and Cynthia May Havard, Trustees of the Harvard Family Trust dated November 10, 2020
for estate planning purposes.

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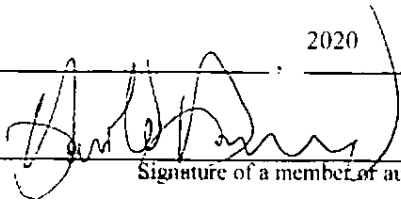
E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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.

Dated November 10, 2020



Signature of a member or authorized representative of a member

Harold G. Havard, Sr.

Typed or printed name of signee