

**L12000040136**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

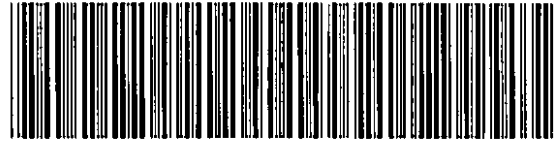
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**18 AUG -3 AM 11:16**

**N COOPER**

**AUG 09 2018**

PERSONAL MONEY ORDER

SERIAL #: 6621502126  
ACCOUNT#: 4861-509818

July 30, 2018

\*\*\*\$25.00\*\*\*

VOID IF OVER US \$ 25.00  
NON-NEGOTIABLE

Purchaser Copy

0066215  
Office AU #  
1124  
1124  
Remitter  
Purchaser  
Purchaser Account  
Operator ID  
Funding Source  
CASH  
DAVID HOWARD  
DAVID HOWARD  
6860664355  
4551228  
Cash  
PAY TO THE ORDER OF

\*\*\*FLORIDA DEPARTMENT OF STATE \*\*\*

\*\*\*Twenty-five dollars and no cents\*\*\*

Payer Address  
Memo  
FILING FEE  
WELLS FARGO BANK, N.A.  
2100 PORCE DE FORT BLVD  
CORAL GABLES, FL 33134  
FOR INQUIRIES CALL 1-800-391-3172

NOTICE TO PURCHASER-IF STOP PAYMENT IS PLACED ON THIS  
INSTRUMENT, WELLS FARGO BANK MAY IMPOSE A WAITING  
PERIOD BEFORE ISSUING A REPLACEMENT OR REFUND

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLAT RATE COPIERS, 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:

David B Howard

\_\_\_\_\_  
Name of Person

Flat Rate Copiers, LLC

\_\_\_\_\_  
Firm/Company

8236 NW 30TH TERRACE

\_\_\_\_\_  
Address

DORAL, FL. 33122

\_\_\_\_\_  
City/State and Zip Code

dhoward@flatratecopiers.com

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

For further information concerning this matter, please call:

David Howard

786 282-6636  
at ( )

\_\_\_\_\_  
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  
Chilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Flat Rate Copiers, 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 2012 and assigned  
Florida document number L12000040136.

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 "LLC" 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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DIVISION OF CORPORATIONS  
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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.*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lisette R Howard	8236 NW 30TH TERRACE Dorc	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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DIVISION OF CORPORATIONS  
18 AUG - 3 AM 11:16

**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 06/15/2018

1:35PM

Signature of a member or authorized representative of a member

David B Howard

Typed or printed name of signee