

L13000057389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flomark Holdings 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:

C. W. Swenson

Name of Person

LLcCorpUSA

Firm/Company

2637 E. Atlantic Blvd. #1095

Address

Pompano Beach, FL 33062

City/State and Zip Code

sgiventures@gmail.com

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

For further information concerning this matter, please call:

Mathew Kuravackal

713

398-0655

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

Flomark Holdings 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 4-19-13 and assigned
Florida document number L13000057389.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Flomark Properties LLC

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:

2637 E. Atlantic Blvd.

(Principal office address MUST BE A STREET ADDRESS)

#1095

Pompano Beach, FL 33062

Enter new mailing address, if applicable:

2637 E. Atlantic Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

#1095

Pompano Beach, FL 33062

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:

C. W. Swenson

New Registered Office Address:

2637 E. Atlantic Blvd. #1095

Enter Florida street address

Pompano Beach

Florida

City

33062
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	Total Prosperity LLC	4301 NE 1st Terrace	<input type="checkbox"/> Add
		Ste. #3	<input checked="" type="checkbox"/> Remove
		Pompano Beach, FL 33334	<input type="checkbox"/> Change
AMBR	Mathew Kuravackal	2637 E. Atlantic Blvd.	<input checked="" type="checkbox"/> Add
		#1095	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
			<input 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"/> Remove
			<input type="checkbox"/> Change

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

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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 January 8, 2016


Signature of a member or authorized representative of a member

C. W. Swenson

Typed or printed name of signee