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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDI	Flinsco LL	С		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Melissa Ehrenthal  Name of Person  Flinsco LLC  Firm/Company  2515 Hollywood Blvd  Address  Hollywood Florida 33020  City/State and Zip Code  melissa@flinsco.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (		
			Name of Person	<del></del>
		Flinsco LLC		
			Firm/Company	_ <del>_</del>
		2515 Hollywood Blvd		
			Address	
		Hollywood Florida 33020	)	
		melissa@flinsco.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	d1;	
Melis	sa Ehrenthal			
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>■</b> \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Flinsco LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as <mark>it now appears on our records.</mark> ) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000062146		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Flinsco.com LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2515 HOLLYWOOD BLVD	
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33020	
	··	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•	- 2 -	
	0 =	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:	<u> </u>	
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 **Title** <u>Name</u> <u>Address</u> **Type of Action** \_□ Add □ Remove ☐ Change □ Remove ☐ Change -E Remove ☐ Change □ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00