L13000154524



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SECRETARY OF STATE

	egistration Se ivision of Cor				
CHOICA	AIGWOLFI				
SUBJECT	•		ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		CARLO MANNINO			
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: CARLO MANNINO Name of Person MINTAN, INC Firm/Company PO BOX 30088 Address FORT LAUDERDALE, FL 33303 City/State and Zip Code ADMIN@MINTAN.US E-mail address: (to be used for future annual report notification) of concerning this matter, please call: at (
		MINTAX, INC			
			Firm/Company		
		PO BOX 30088			
			Address		
		FORT LAUDERDALE, F	L 33303		
			City/State and Zip Code		
For further	information c		•	otiiicanon)	
CARLO N	IANNINO				
	Name o	of Person		ine Telephone Number	
Enclosed is	s a check for t	he following amount:			
■ \$ 25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	Iniling Addres		Street Address: Registration S		
D	ivision of C	Corporations	Division of C	orporations	
13	O Day 622	17	The Centre of	FTallahassaa	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 626A66D4-ECCE-4316-8918-643B4FF11828 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOWDIA LLC

(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appear iability Company)	rs on our records.)			
The Articles of Organization for this Limited Li Florida document number L13000154524				and assigned		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liabi	lity company ho	ere:			
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the c	designation "LLC" or the	abbreviation "L.L.C."	-	
Enter new principal offices address, if applica	able:				<u>.</u>	
(Principal office address MUST BE A STREE	T ADDRESS)				_	
Enter new mailing address, if applicable:		MODULAR TI	EAMS CO	2024 OCT (\$50,607)	- 7 =	
(Mailing address MAY BE A POST OFFICE BOX)		PO BOX 30088	3			
	<u></u>	FORT LAUDE	RDALE, FL 33303	SET THE	-! 	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	_	ddress on our r	ecords, <u>enter the na</u>	T 70	<u>:red</u>	
New Registered Office Address:	8 ISLE OF VENICE DR UNIT 10					
		Enter Flo	pany," the designation "ELC" or the abbreviation "L.L.C." DULAR TEAMS CO ON 30088 I LAUDERDALE, FL 33303 On our records, enter the name of the new registered R UNIT 10 Enter Florida street address I Jip Code out in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and ad for in Chapter 605, F.S. Or, if this document is			
	FORT LAUDERDALE		, Florida ²	, Florida ³³³⁰¹		
		Ciţy		Zip Code		
provisions of all statutes relative to the property	d agent and agreer and complete stered agent as pregistered office change.	performance of provided for in (address, I here	(my duties, and I an Chapter 605, F.S. O	n familiar with and r, if this document is limited liability		

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Trainenting Authorized rerson(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>	Name	Address	Type of Action
			□ Add
			□Remove
		 	□Add
			□Remove
			□Add
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ective date, if other than the date	e of filing: (optional)	
reffective date is listed, the date must be site: If the date inserted in this block d	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 loes not meet the applicable statutory filing requirements, this date will not be list	5,020 ted a:
rument's effective date on the Depart		
cord specifies a delayed effective dates filed.	c, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after	er the
ed SEPTEMBER 16	2024	
	DocuSigned by:	
	I LEGANDI) O. \ /NV/NC	
	Docusement by: LEOMINO VINGIS ature of a member of a member	

Filing Fee: \$25.00