

L14000152440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

S. WARREN

AUG 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLS II 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:

Andre Smith

Name of Person

FLS II LLC

Firm/Company

211 24th St suite 201

Address

Cocoa Beach FL 32931

City/State and Zip Code

adietrichsmith@yahoo.com

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

For further information concerning this matter, please call:

Andre Smith

407

810-2776

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

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

FLS II 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 9/30/2014 and assigned
Florida document number L14000152440

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)

211 24th St Suite 201

Cocoa Beach FL 32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

211 24th ST suite 201

Cocoa Beach FL 32931

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:

Andre Smith

New Registered Office Address:

211 24th St Suite 201

Enter Florida street address

Cocoa Beach

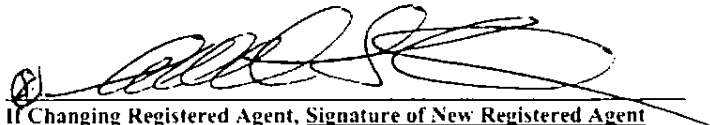
Florida

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	Andre Smith	211 24th St suite 201	<input checked="" type="checkbox"/> Add
		Cocoa Beach FL 32931	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Russell Newman	1011 Spindle Palm Way	<input type="checkbox"/> Add
		Apollo Beach FL 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Russell Oliver Insurance Group Inc	7025 CR 46A STc 1071-445	<input type="checkbox"/> Add
		Lake Mary FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Platinum-HR Group Holdings LLC	13902 N Dale Mabry ste 217	<input type="checkbox"/> Add
		Tampa FL 33618	<input checked="" type="checkbox"/> Remove
			<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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JANUARY 10 2019

[illegible]

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.

Dated August 15 2017

Typed or printed name of signee

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Filing Fee: \$25.00

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