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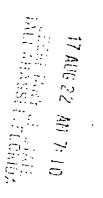
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COVER LETTER

Division of Corporations
SUBJECT: FLICKA PROPERTIES, LLC Name of Limited Liability Company
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:
LULISE G SMITT
LUUISE G SmITH Name of Person
FLICKA PROPERTIES LLC
FLICKA PROPERTIES, LLC Firm/Company
11924 W. FOREST HILL BLUD. STE 10A-137
City/State and Zip Code Slickaven Fuers @ Smail. Com E-mail address: (to be used for Gaure annual report notification)
City/State and Zip Code
flickaventures @ Smail. COM
E-mail address: (to be used for the fund report notification)
For further information concerning this matter, please call:
Name of Person at (408) 218-892-5 Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

STREET/COURIER ADDRESS:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUCKA PROPERTIES	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>414000 56295</u>	were filed on OCT. 1, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_X//A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
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:	
New Registered Office Address:	N/A Enter Florida street address
	Cuy Sip Codes
New Registered Agent's Signature, if changing Registered Agent:	. · · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further agree to comply with th

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.

H/A
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>	Address	Type of Action
AMBR	Michael V. Pineo	11924 W.FOUSTHILL BLUD STE 10A-137 WELLINGTON FL 33414	Add
		WELLINGTON FL 33414	□ Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00