

215000023774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

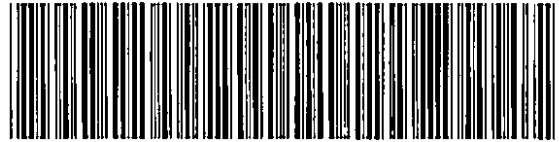
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG 27 PM 12:02

N. CAUSSEAU

AUG 31 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2018

LATISHSA SIMMONS
FLOWING BROOK, LLC
96 BRIDGE STREET
ST. AUGUSTINE, FL 32084

SUBJECT: FLOWING BROOK, LLC
Ref. Number: L15000023774

We have received your document for FLOWING BROOK, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

We have yet to receive the 1st amendment with payment. Please either provide us with another check for \$25.00 or proof the other \$25.00 check has cleared the Bank. We will need proof of both sides of the check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 418A00018095

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Flowing Brook, 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:

Latisha Simmons

Name of Person

Flowing Brook, LLC

Firm/Company

96 Bridge St.

Address

St. Augustine, Florida 32084

City/State and Zip Code

latisha.simmons@yahoo.com

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

For further information concerning this matter, please call:

Latisha Simmons

904

678-789-0378

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

is enclosed with previous application that needs to be disregarded. This is the correct application for the name change. Please add the \$25 money order previously sent to this application. Thanks. Latisha Simmons

** Rebecca and another employee placed notes in the system and also emailed Michelle Miligan about this.*
** I also sent a duplicate of this application that is*

2018 AUG 27 AM 11:11

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

Flowing Brook, 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 02/09/2015 and assigned
Florida document number L15000023774.

This amendment is submitted to amend the following:

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

Genvien, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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