

L15000029891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

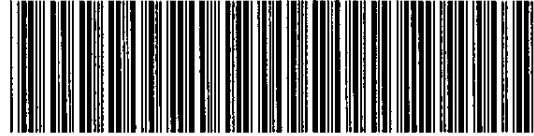
(Business Entity Name)

(Document Number)

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FILED
2015 AUG 31 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 27, 2015

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed our Articles of Amendment to change the name of iRepair Brevard LLC to Flex 365 LLC effective on filing date. If you have questions, I can be reached at the below address or phone number.

Thank you for your assistance.

Regards,



Julie V. Fisher
Vice President
2340 Dairy Road #102
Melbourne, FL 32904
(321) 266-7513

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

FILED
2015 AUG 31 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 REPAIR BREWARD 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 2/17/2015 and assigned Florida document number L15000029891.

This amendment is submitted to amend the following:

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

FLEX 365 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
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2018 AUG 31 PM 12:18
STATE OF OHIO
CLERK OF COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 27, 2015

Juni VF82

Signature of a member or authorized representative of a member

Julie V. Fisher

Typed or printed name of signee

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Limited Liability Company**

IREPAIR BREVARD LLC

Filing Information

Document Number	L15000029891
FEI/EIN Number	NONE
Date Filed	02/17/2015
State	FL
Status	ACTIVE

Principal Address

2340 DAIRY RD
SUITE 102
MELBOURNE, FL 32904

Mailing Address

2340 DAIRY RD
SUITE 102
MELBOURNE, FL 32904

Registered Agent Name & Address

FISHER, JULIE V
1661 WILLARD ROAD NW
PALM BAY, FL 32907

Authorized Person(s) Detail**Name & Address**

Title MGR

FISHER, JULIE V
1661 WILLARD ROAD NW
PALM BAY, FL 32907

Title MGR

FISHER, KEVIN L
1661 WILLARD ROAD NW
PALM BAY, FL 32907

Title MGR