

L15000106790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

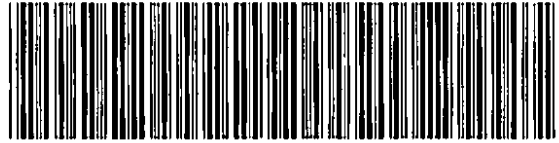
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 20 AM 7:44

N COOPER

AUG 27 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLOSTO 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:

Keely Flow  
Name of Person

FLOSTO LLC  
Firm/Company

4166 S. Military Trail  
Address

Lake Worth FL 33463  
City/State and Zip Code

flowstless@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keely Flow at 561 319-4842  
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

FLOSTO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 6/18/2015 and assigned  
Florida document number L15000106790

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**)

4166 S. Military Trail  
Lake Worth FL 33463

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4166 S. Military Trail  
Lake Worth FL 33463

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:

Harold E Wolfe Jr.

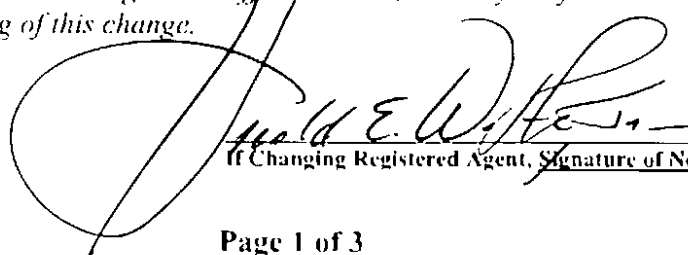
New Registered Office Address:

Suite ~~302~~ 302

2300 Palm Beach Lakes Blvd  
West Palm Beach, Florida 33409  
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	Ray Flow	919 N. Atlantic DR.	<input type="checkbox"/> Add
		Lantana FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Keely Flow	4166 S. Military Trail	<input type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Melanie Flow	4166 S. Military Trail	<input checked="" type="checkbox"/> Add
		Lake Worth FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change


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(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 (05.0207 (3)(b)

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

Dated 8/1/2018.

  
Signature of a member or authorized representative of a member

Keely Flow  
Typed or printed name of signee