(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)	-	
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Office Use Only

COVER LETTER

TO: Registration Sec Division of Corp		
FLATATOP SUBJECT:	'IA LLC	
SUBJECT:	Name of Limited Liability Company	-
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	idence concerning this matter to the following:	
	JAMES D'LOUGHY, ESQUIRE	
	Name of Person	
	ADVISORLAW PLLC	
	Firm/Company	
	2925 PGA BLVD, SUTIE 204	
	Address	
	PALM BEACH GARDENS, FLORIDA 33410	; ,
	City/State and Zip Code	
	JAMES@ADVISORLAW.COM	- 智 8
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
JAMES D'LOUGHY ESQ	QUIRE 561 622-7788	TEST &
Name of		
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, ficate of Status & Fied Copy onal 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

FLATATOPIA LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000055108}{L16000055108}$.	were filed on 03/17/2016	and assi	gned
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	lity Company," the designation "LLC" or the a	abbreviation "L.L	.c."
Enter new principal offices address, if applicable:	2262 SOUTH UNIVERSITY DRIVE,	STORE #130	
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FLORIDA 33324		·· ···
Enter new mailing address, if applicable:	2262 SOUTH UNIVERSITY DRIVE,	STORE #130	
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FLORIDA 33324		
PARTITION WILLIAM STATE BETT TOOL OF TACK BOTH			
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:		r the name of 16 SEP 26 PH 3:	of the new
· · · · · · · · · · · · · · · · · · ·	, Florida	-7in 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 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>	Name	<u>Address</u>	Type of Action
	See below "D"	See below "D"	■ Add
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			Change

2262 SOUTH UNIVERSITY D	RIVE, STORE #130, DAVIE, FLORIDA	33324
BULMER, WILLIAM, TOBA	LY, GILLES, NEEDLEMAN, ERIC,	
DIGREGORIO, JOHN, NUCC	ITELLI, MARC	
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	specific and cannot be prior to date of filing or n does not meet the applicable statutory filin	
ecord specifies a delayed e ie 90th day after the record	ffective date, but not an effective lis filed.	time, at 12:01 a.m. on the earlie
d SEPTEMBER 16	, 2016	