

JAN/03/2018/WED 12:29 PM

FAX No.

P. 001

1/3/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L16000063464

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000002958 3)))



H1800000295834BC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000145
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLEX IDX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 04 2018
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

JAN - 3 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLEX IDX, 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 03/30/16 and assigned Florida document number L16000063464.

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)

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

City, Florida 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	CIAO BELLA MARKETING LLC	1500 MICHIGAN AVENUE	Add
		STE 6	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH FLORIDA 33139	<input type="checkbox"/> Change
MGR	DOT ALLIANCE LLC	2828 CORAL WAY	<input type="checkbox"/> Add
		SUITE 435	<input checked="" type="checkbox"/> Remove
		MIAMI FLORIDA 33145	<input type="checkbox"/> Change
MGR	JOSH D STEIN	2828 CORAL WAY	<input checked="" type="checkbox"/> Add
		SUITE 435	<input type="checkbox"/> Remove
		MIAMI FLORIDA 33145	<input type="checkbox"/> Change
MGR	FRANCISCO AGUIRRE	2828 CORAL WAY	<input checked="" type="checkbox"/> Add
		SUITE 435	<input type="checkbox"/> Remove
		MIAMI FLORIDA 33145	<input type="checkbox"/> Change
MGR	CHRISTOHER A AUGUSTIN	2828 CORAL WAY	<input checked="" type="checkbox"/> Add
		SUITE 435	<input type="checkbox"/> Remove
		MIAMI FLORIDA 33145	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

F. Effective date, if other than the date of filing: 10/01/17 (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 October 1st

2017

Signature of a member	Authorized representative of a member
-----------------------	---------------------------------------

FRANCISCO AGUIRRE/ MGR

Typed or printed name of signer

2000-01-27