# L17000032597

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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D. BRUCE FEB 28 2017

# **CORPORATE** ACCESS, \_

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

		WINDIK III	
	PICK	UP: 2/27 Glinda	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
хх	FILING	LLC Amend	
1.	FLINTDM LLC (CORPORATE NAME AND DOCUM	ENT#)	
2.			
3.	(CORPORATE NAME AND DOCUM	ENT#)	2017 FEB
	(CORPORATE NAME AND DOCUM	ENT #)	SSEE STATE
4.	(CORPORATE NAME AND DOCUM	ENT#)	FEGAL D
5.	(CORPORATE NAME AND DOCUM	ENT#)	
6.	(CORPORATE NAME AND DOCUM	ENT#)	
SPECIA	AL INSTRUCTIONS:	· .	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLINTDM LLC			
(Name of the Lin	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Florida document number L17000032597	Liability Compan	ny were filed on February 9, 2017	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	ACCRE ACCRE ACCRE
(Mailing address MAY BE A POST OFFICE	E ROX)		\$5 <sup>55</sup> 22 <b>1</b>
indiana address harr be all out of the			
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address he	office address on our records, <u>en</u> <u>re</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Florida	Ziv Code
		~··· <i>y</i>	mp cone

#### 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>	Address	Type of Action
MGR	MIRYAM FLINT		□ Add
			Remove
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			2017 IF SECTO
			## EB
			- F-33
			EDATE SE
Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be prior to d ck does not meet the applicable	ate of filing or more than 90 days at	<b>ntional)</b> Rer filing.) Pursuant to 605,0207 ( this date will not be listed as t
ne record specifies a delayed The 90th day after the reco	effective date, but not a rd is filed.	n effective time, at 12:0:	l a.m. on the earlier of:
Dated February 27	2017		
_	Additional distribution of a member or authorize		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00