

L17000051872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLOPAM 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:

EDDY SALVAT CRESPO

\_\_\_\_\_  
Name of Person

FLOPAM LLC

\_\_\_\_\_  
Firm/Company

1224 E PALIFOX ST

\_\_\_\_\_  
Address

TAMPA FL 33603

\_\_\_\_\_  
City/State and Zip Code

ISABELTERREROC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL TERRERO

813 447-8953

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FLOPAM 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 03/03/2017 and assigned  
Florida document number L17000051872.

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)

1224 E PALIFOX ST

TAMPA FL 33603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1224 E PALIFOX ST

TAMPA FL 33603

**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:

EDDY SALVAT CRESPO

New Registered Office Address:

1224 W PALIFOX ST

*Enter Florida street address*

TAMPA

Florida 33603

*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          | EDDIE SALVAT CRESPO | 303 EASTY CAYUGA ST | <input type="checkbox"/> Add               |
|              |                     | TAMPA FL 33603      | <input checked="" type="checkbox"/> Remove |
|              |                     |                     | <input type="checkbox"/> Change            |
| MGR          | EDDY SALVAT CRESPO  | 1224 E PALIFOX ST   | <input checked="" type="checkbox"/> Add    |
|              |                     | TAMPA FL 33603      | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
| MGR          | ISABEL TERRERO      | 1224 E PALIFOX ST   | <input checked="" type="checkbox"/> Add    |
|              |                     | TAMPA FL 33603      | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
|              |                     |                     | <input type="checkbox"/> Add               |
|              |                     |                     | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
|              |                     |                     | <input type="checkbox"/> Add               |
|              |                     |                     | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee