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1. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
aun ea	FLO INVE	ST LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Si	NET SESSE Name of Person	
			Name of Person	
		FLO	INVEST LI	LC
			Firm/Company	
		740	1 NE 195 S	₹
			Address	
		Mix	In FL 33/19 City/State and Zip Code	
			•	
		E-mail address: (VICES LIC @ (-MHI) to be used for future annual report notifi	ication)
For furt	her information c	oncerning this matter, please co	all:	
SIDNE	Y BESSE		954 213-7259 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for t	ne following amount:		
	.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
- 96.2	i mig i ee	Certificate of Status	Certified Copy (additional copy is enclosed)	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

	City	, Florida Zip Code
		Elorida
New Registered Office Address:	Enter Florida street aa	ldress
Traine of thew registered regular.		
Name of New Registered Agent		
egistered agent and/or the new registered office	address nere:	
		ords, enter the name of the n
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		3 84
Enter now mailing address if applicables		
		1 12
Principal office address MUST BE A STREET AL	<u>DDKESS)</u>	
<u>-</u>		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation ".	LLC" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here: Name of New Registered Agent:		
	_	
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The Articles of Organization for this Limited Liabili	ty Company were filed on 04/24/2017	and assigned
(A FI	orida Limited Liability Company)	
(Name of the Limited Li	ability Company as it now appears on our rec	cords.)

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	SIDNEY BESSE	749 NE 195 ST MIAMI FL 33179	■ Add
			☐ Remove
			Change
			🗖 Add
			□ Remove
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effect Note: If	e date, if other than the date of filing:		
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th Oth day after the record is filed.	ne earlie	er of:
Dated _	5/2/17		
		Î7 N	
	Signature of a member or authorized representative of a member	ΑΥ	7日 7日 日本
	LAURENT CANTOS Typed or printed name of signee	-2 A	
	t yped of printed name of signee	æ æ	ESIA ESIA
	Page 3 of 3	100	ered Same Trees Trees Trees Trees Trees Trees Trees

Filing Fee: \$25.00