# L17000099025

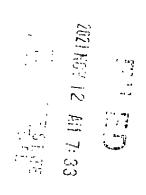
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

### Registration Section TO: **Division of Corporations**

Flanders Outdoor Living LLC	C
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<b>ЈВЈЕСТ:</b>	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Van de Voorde Carla		
		Name of Person	
	Flanders Outdoor Living I.	LC	
		Firm/Company	<del></del>
	2270 NW 30th Place		
	<del></del>	Address	
	Pompano Beach, Florida 3	3069	
	info@belamo-design.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Van de Voorde Carla		407 675-7770	
Name	of Person	at () Area Code Davtime	Telephone Number
		, we come bayante	. Crephone I sumber
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flanders Outdoor Living 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 Florida document number \_ L17000098025 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 .Florida \_\_

## 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.

City

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>ritle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Van Havere Dany	2169 Lake Side Avenue	
			□Add
		Davenport, Florida 33837	
			Remove
			□Change
MGR Van de Voorde Carla	Van de Voorde Carla	601 N Federal Highway	
	<del></del>		<b>=</b> Add
		Pompano Beach, Florida 33062	<b></b>
			LJRemove
			□Change
			_
		<del></del>	
			<u> </u>
			□Remove
			□Change
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	11/01/2021
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ocum	ent's effective date on the Department of State's records.
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
is file	:a.
	1/8/2021
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ated _	
ated _	Signature of a member or authorized representative of a member