

# L17000121077

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H17000161525 3)))



H170001615253ABC

**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 : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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 FLTX2 HOLDINGS LLC

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

RECEIVED  
2017 JUN 16 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 JUN 16 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 19 2017

H 17000161525

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FLTX2 HOLDINGS 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 06/02/2017 and assigned  
Florida document number L17000121077

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

Page 1 of 3

FILED  
17 JUN 16 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	SWINE THE FRENCHIE LLC	6505 MALCOLM DRIVE	<input type="checkbox"/> Add
		DALLAS, TX 75214	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHUNK LLC	1201 ORANGE STREET STE 600	<input type="checkbox"/> Add
		WILMINGTON, DE 19801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACOB TYLER BIRKEMEIER	150 EAST BOCA RATON ROAD	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 JUN 16 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

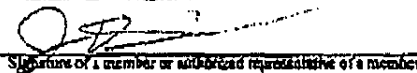
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 JUNE 15 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JACOB TYLER BERKEEMIER

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

FILED  
17 JUN 16 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten:* H170001910001H