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COVER LETTER

FLYCKA	LLC						
Name of Limited Liability Company							
The analogue Agricles	of Amendment and fee(s) are sub	minul for the					
		-					
Please return all corres	condence concerning this matter	to the following:					
	Marina Bianchi						
		Name of Person					
	FLYCKA LLC						
		Firm/Company					
	800 OCALA RD. STE 300)-271					
		Address					
	TALLAHASSEE, FL 323	04					
		City/State and Zip Code	 				
	info@;tlycka.net		<u>.</u>				
	E-mail address: (to be used for future annual report notifi	ication)				
For further information	concerning this matter, please co	all:					
Marina Bianchi		786 403-8939					
Name	of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for	the following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLYCKA LLC

ny as it now appears on our records.) hability Company)
were filed on 01/29/2018 and assigned
ility company here:
ity Company," the designation "LLC" or the abbreviation "L.L.C."
800 OCALA RD. STE 300-271, TALLAHASSEE, FL 32304
800 OCALA RD. STE 300-271, TALLAHASSEE, FL 32304

Enter Florida street address Florida City
i i

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am famili, 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>	Type of Action
MGR	SUNSTREAM LIMITED		□ Add
		TUCUMAN 540 CABA 1040 AR	■ Remove
MGR	Marina Bianchi	TUCUMAN 540 CABA 1040 AR	Add
			Remove
			Change
			Remove
			THE JULY 26
			FILED BUY26 ATT
			TO Hanges
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			Change
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Effective date, if (If an effective date is Note: If the date is document's effect	listed, the date must nserted in this blo	be specific and ock does not r	d cannot be pric meet the appli	ir to date of filing cable statutory	gor more than 90.	days after filing.) Pursuant to 605	
the record spec) The 90th day				ot an effecti	ive time, at :	12:01 a.m.	on the earlie	er of:
May 21			2018					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00