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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	F+L Moß	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	FLOR	Sanine 60 Name of Person	
		L McG.1 LL	
	501 E	Hills lovough Address	Aue
		City/State and Zip Code	
	E-mail address: ()	$\frac{79}{6}$ $\frac{6}{47}$ $\frac{77}{N}$ $\frac{87}{67}$ to be used for future annual report noti	fication)
For further information ed	oncerning this matter, please ca	ill:	
FLCR Name of	SANTIAGE Person	at (<u>860)</u> <u>997</u> Area Code Daytim	6061 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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

18 AUG 17 F	SECHETARY OF STATEMENT OF CORPORATION
PH 1:	90g
1: 26	NEW YEAR

F + L	MORIL, LLC 3
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Dany as it now appears on our records.) [Liability Company]
This amendment is submitted to amend the following:	nitted to amend the following: enter the new name of the limited liability company here: Inquishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Fices address, if applicable: SOIE HILS & COYA AVE SEMUST BE A STREET ADDRESS) TAMPA, FI 33 (C4 Iress, if applicable: BE A POST OFFICE BOX) Tampa, FI 33 (C4 Tampa, FI 33 (C4
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	501 E Hillsterwich Ave
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33(CY
Enter new mailing address, if applicable:	501 E Hillsberauch Ave
(Mailing address MAY BE A POST OFFICE BOX)	TAMAR F1 33604
Name of New Registered Agent: New Registered Office Address: SC 1	E H, 115 be/exi; h Ave Enter Florida street address
$\underline{\hspace{1cm}}$	City Florida 33604 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.

f 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
AMBR	FLCR SANTIAGO	501 E Hillsterough A	lve □ Add
		TAMPA, FL 33604	□ Remove
			Change
Amba	Luis NAVALIE	SOI E Hillsborough.	<u>Aæ</u> □ Add
		7 mys, FL 33604	Remove
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ffective date, if other than the date of filing:		(optional)		
an effective date is listed, the date must be specific and cannot be priorte: If the date inserted in this block does not meet the applocument's effective date on the Department of State's record	licable statutory filing r	than 90 days after filing.)		
e record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective tin	ne, at 12:01 a.m. c	n the ea	rlier o
ated 8/8/2018				
Signature of a member or au				
V (4 m) (4 v) V V - T A				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00