

L18000 184 473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

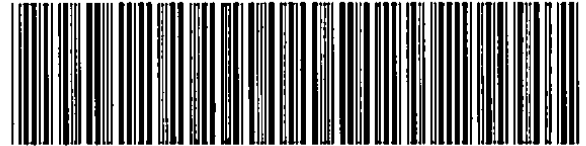
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800333526028

09/03/19--01022--029 **60.00

FILED
19 SEP - 3 AM @ 09
SEAL
FELMARS, LLC

SEP 13 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FloReel, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brendon Glass

Name of Person

FloReel, LLC

Firm/Company

104 N. Cove Lane

Address

Panama City, FL 32401

City/State and Zip Code

florellc.financial@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brendon Glass

850

625-7577

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FloReel, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 SEP -14 AM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 01, 2018

Florida document number L18000184473

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:

104 N. Cove Lane

(Principal office address MUST BE A STREET ADDRESS)

Panama City, FL 32401

Enter new mailing address, if applicable:

104 N. Cove Lane

(Mailing address MAY BE A POST OFFICE BOX)

Panama City, FL 32401

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:

Brendon Terry Glass

New Registered Office Address:

104 N. Cove Lane

Enter Florida street address

Panama City

City

Florida 32401

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

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>
AMBR	Brendon Terry Glass	104 N. Cove Lane	<input type="checkbox"/> Add
		Panama City, FL 32401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael Alexander Trahan	6309 Lakeshore Dr.	<input type="checkbox"/> Add
		Panama City, FL 32404	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jordan-Tyler Silas Massey	933 Agnes Scott Circle	<input type="checkbox"/> Add
		Panama City, FL 32405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Terrance Jamar Gore	4020 Harry Wells Rd.	<input type="checkbox"/> Add
		Panama City, FL 32409	<input checked="" 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

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

Brendon Terry Glass - 51% Ownership

Michael Alexander Trahan - 49% Ownership

8/22/2019

E. Effective date, if other than the date of filing: _____ (optional)

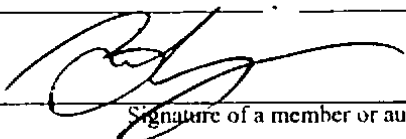
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 August 23, 2019



Signature of a member or authorized representative of a member

Brendon Glass

Typed or printed name of signee