L1800022856Z

(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:
54
wrong form with



000319229090

SECRETARY OF STATE TALL AHASSEE, FLOAT 10/16/18--01049--01

2018 OCT 15 PM 1: 29

ម៉ារ៉ូ **–** ៦

3. PRATHET



October 22, 2018

GLEN R. TRYAN FLAGS AND MORE STORE, LIMITED LIABILITY 5297 JULIET CT AVA MARIA, FL 34142

SUBJECT: FLAGS AND MORE STORE, LIMITED LIABILITY COMPANY

Ref. Number: L18000228562

We have received your document for FLAGS AND MORE STORE, LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 918A00021636

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

Division of Co	orporations		
SUBJECT: Fla	ugs and More	Store	
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	6/1	Name of Person	
	Flagger 1	Mora Store Limit	ted Liability Company
	5297 1/2/	et Ct	
		Address	
	Aur Maria	FZ 34142	
	,	City/State and Zip Code	
	gtryan e	g nmu. edu	
	E-mail address:	City/State and Zip Code Bunual Colu (to be used for future annual report notif	ication)
For further information e	concerning this matter, please c		
61	1		
Olea	K. Iryan	at (<u>906</u>) <u>\$69 -</u> Area Code Daysime	43/9
Name o	of Person /	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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

TO:

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

Flugs And More Ston	ve Limited Liebility Compan	<u> </u>
(Name of the Limited Liah (A Flor	ve Limited Liebility Company bility Company as it now appears on our records. rida Limited Liability Company)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
The Articles of Organization for this Limited Liability	Company were filed on $\frac{9}{26}/26$	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Florida document number <u>L - 18000 Z Z 9</u>	562	5
This amendment is submitted to amend the following:		SSEE STORY
A. If amending name, enter the new name of the li	mited liability company here:	6:21 E.FL
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	····	the name of the new
registered agent and/or the new registered office ad	udress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cirv	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

ii 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
MGR.	Glen 1. Tryon	5297 Juliat Court	Add
		Sz97 Juliet Court Nor Maria FL 34142	🗖 Remove
			Change
	-		🗆 Add
			Remove
			Change
			🗆 Add
		 _	Remove
		- 	Change
			□ Add
			Remove
			Change
			□ Add
			Remove
	,		Change
<u> </u>			D Add
			_□ Remove
			_ 🗆 Change

							•
	<u> </u>						
					<u></u>		
	<u> </u>						
		.					
				-			
							
	·						
-				-			
	· -						
					····		
						_	 -
		·· - — —					
an effectiv lote: If th	date, if other than e date is listed, the dat ne date inserted in the s effective date on t	te must be specific his block does n	c and cannot be pri- not meet the appl	or to date of filing o icable statutory fi	(0 r more than 90 days a ling requirements.	after filing.) Pursua	int to 605.020 t be listed a
	I specifies a dela th day after the			ot an effectiv	e time, at 12:0	1 a.m. on the	e earlier c
, 110 901	ar day arcer are						
ated _ <i>[</i>	tobe 31	15 t	201	٢.		ن: ۱۳۳۰	201
						TAL	2018 NOV -5
	1	1. T	s.			<u>A</u>	<u> </u>
							
		Signature (of a meniber or aut	horized representat	ive of a member	AHASSEE	5 PH

Page 3 of 3

Filing Fee: \$25.00