

L19000 267408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

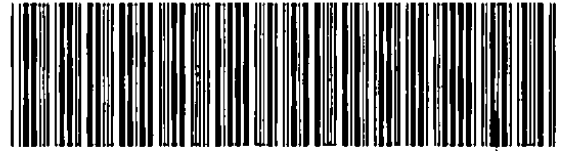
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700334316477

09/23/15--01012--018 \*\*\*25

2019 SEP 23 PM 5:19

C. GOLDEN  
OCT - 8 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMELIA APARTS 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:

SEVERINE GIANESE-PITTMAN, ESQ.

\_\_\_\_\_  
Name of Person

GIANESE-PITTMAN, P.A.

\_\_\_\_\_  
Firm/Company

100 BISCAYNE BLVD, SUITE 3070

\_\_\_\_\_  
Address

MIAMI, FL 33132

\_\_\_\_\_  
City/State and Zip Code

SGIANESE@SGPITTMAN.COM

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

For further information concerning this matter, please call:

SEVERINE GIANESE-PITTMAN, ESQ.

305 722-5986

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**

2019 SEP 23 PM

AMELIA APARTS 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 11/15/2018 and assigned  
Florida document number L18000267408.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FLO1 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10796 PINES BLVD

SUITE 204

PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10796 PINES BLVD

SUITE 204

PEMBROKE PINES, FL 33026

**B. If amending the registered agent and/or registered office address on our records, enter the name  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GIANESE-PITTMAN, P.A.

New Registered Office Address:

100 BISCAYNE BLVD., SUITE 3070

*Enter Florida street address*

MIAMI

*City*

Florida 33132

*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 A</u>
MGR	OXALYS PARTNERS INC.	10796 Pines Blvd.	<input checked="" type="checkbox"/> Add
		Suite 204	<input type="checkbox"/> Remo
		Pembroke Pines, FL	<input type="checkbox"/> Chan
MGR	LAFAYETTE CAPSTONE GROUP DE, LLC	5401 SOUTH KIRKMAN ROAD, 310	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Cha
AMBR	COTON PASCAL	5401 SOUTH KIRKMAN ROAD, 310	<input type="checkbox"/> Adr
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adr
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cf
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> /
			<input type="checkbox"/> I
			<input type="checkbox"/> C

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated SEPTEMBER 11 2019

SEVERINE GIANESE-PITTMAN, ESQ.

Page 3 of 3

**Filing Fee: \$25.00**