

L190000061974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

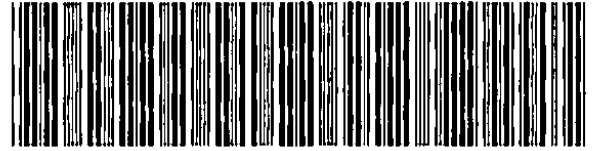
(Business Entity Name)

(Document Number)

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SECURITY DIVISION
MILWAUKEE

Y SULKER
JUL 10 2019

All Country Title Agency, Inc.

5301 North Federal Highway, Suite 265
Boca Raton, Florida 33487
Phone: 561-367-1919 Fax: 561-391-9198

June 26, 2019

Sent via UPS overnight delivery
Tracking # 1Z23F8F70190707414

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

Re: FLRR2 LLC
Document Number: L19000061974
Articles of Amendment and Statement of Authority filing

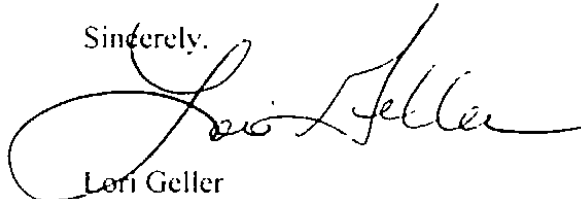
Dear Sir/Madam:

Enclosed please find check # 1933 in the amount of \$25.00 representing the fee for filing the Articles of Amendment to Articles of Organization and check # 4649 in the amount of \$55.00 representing the fee for filing and certified copy of the Statement of Authority with regards to the above referenced LLC.

Please use the enclosed prepaid UPS label and envelope to forward the certified copy of the Statement of Authority to my attention.

Thanking you in advance. Please feel free to contact me should you have any questions.

Sincerely,



Lori Geller
All Country Title Agency, Inc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLRR2, 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:

MARSHALL SKLAR

Name of Person

BIDOLOGIST.COM, LLC

Firm/Company

5499 N. Federal Hwy, suite B

Address

Boca Raton, FL 33487

City/State and Zip Code

Marshall@Bidologist.com

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

For further information concerning this matter, please call:

Marshall Sklar

561

222-5825

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

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLRR2, 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 March 4, 2019 and assigned
Florida document number L19000061974.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City 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	Marshall Sklar	3055 Canterbury Drive Boca Raton, FL 33434	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael P. Ruf	7420 Dover Lane Parkland, FL 33067	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SEC 11

Simply adding manager and authorized member per above.

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2019 JUN 27 AM 10:05
FBI - BOSTON

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 listed as the document's effective date on the Department of State's records.

Dated June 25, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee