

L19000090363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

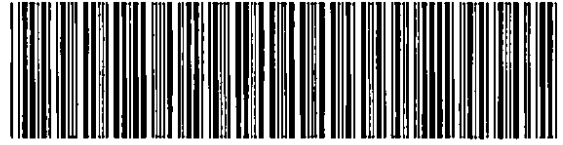
(Business Entity Name)

(Document Number)

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2019 APR 23 PM 4:04
TAMM COUNTY CLERK
MONTGOMERY, AL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flyer Than You, 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:

Kim Parks
Name of Person

Epic Strategic Business Solutions, LLC
Firm/Company

17125 NW 19th Avenue,
Address

Miami Gardens, FL 33054
City/State and Zip Code

Kim.parks@epicss.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Parks at (784) 294-7145
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

FILED
2019 APR 23 PM 4:04
TALLAHASSEE, FL

Flyer Than You 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 April 02, 2019 and assigned Florida document number L19000040363.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2409 NW 31st Street
Miami, FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1040 NW 155th Lane
208
Miami, FL 33109

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

... 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>
MGR	Fowler, Frank Sr	26009 NW 31 st Street	<input type="checkbox"/> Add
		Miami, FL 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fowler, Lee Sr	26009 NW 31 st Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 April 9, 2019

Handwritten signature of Kim Parks

(Signature of a member or authorized representative of a member)

Kim Parks

Typed or printed name of signee

TALLAHASSEE FILE 2019 APR 23 PM 4:04

FILED