11900 103 871

(Requestor's Name)			
(Address)			
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,			
(City/State/Zip/Phone #)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SCOL AHASSEE FL

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COVER LETTER

TO:

TO: Registration Division o	on Section f Corporatio	ens		
SUBJECT: Fl.	ash 1	Multiserun	Ces And Constructived Liability Company	tion LLE
		Name of Line	ned Liability Company	
The enclosed Article	es of Amendi	ment and fee(s) are sub-	mitted for filing.	
Please return all cor	respondence	concerning this matter	to the following:	
	_	EVAR	is to CRUZ Name of Person	<u>. </u>
	<u>1</u> -	lash Hul	fiservices And of Firm/Company	Construction LLE
		1551 Th	etford Cir	2
		ORlando	FL 3282.	4
	_ (E-mail address: (1	Flash - mc - 60	fication)
For further informat	ion concerni	ng this matter, please ca	all:	
Evaris	to C	VVL	at (<u>954)</u> <u>547</u> Area Code Daytim	5347
N:	ame of Person		Area Code Daytim	e Telephone Number
Enclosed is a check		,		
□ \$25.00 Filing Fe	ee 62 /\$1	80.00 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)
R D P.	IAILING AI egistration Se ivision of Co O. Box 6327 allahassee, FI	ection rporations	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flash Multisery	uces And Construction LLC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) inted Liability Company)
	pany were filed on $\frac{4-16-19}{}$ and assigned
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 I	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	<u> </u>
	<u> </u>
Enter new mailing address, if applicable:	>: 9
(Mailing address MAY BE A POST OFFICE BOX)	(C) (T)
	99 7
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the no 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Prevident	Evaristo Cruz	1551 Thetford Cin	Add
			□ Remove
			Change
MGR	Iva Pineino	1551 Thatford Cin Orlando, FL 32824)⊅Ó Add
		- Or IAN ite, 1-6 33 037	□ Remove
			Change
AMBR	Elvis Herran	1551 Thetford Cir Orlando, Fr 32834	ÞÐ Add
		Or 120 to, Fi 33839	C Remove
			Change
<u> </u>	biuseppe Parayyoni	1551 Hethord Cir	🗆 Add
		Orland, FL 37.824	Remove
			Change
		· ·	
			Remove
			□ Change
			Remove
			Change

	
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(If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	<u>8-13-19</u>
	Signature of a member or authorized representative of a member
	/ / regulation of a memoral of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00