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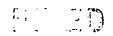
TO:	Registration Se Division of Cor			
, SUBJI	FLEKX, LI	_C	101	
SUBJI	::C1:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Christy Green		
			Name of Person	
			Firm/Company	
		164 Cowpen Lп.		
			Address	
		Sarasota, FL 34240		
		christygreen99@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Christ	y Green		941 773-1112 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	5.00 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



FLEKX, LLC

2019 HAY 21 PM 5:50

(A Flori	da Limited Liability Company)	Trecords.	y i yi
The Articles of Organization for this Limited Liability	Company were filed on May 10.	2019	and assigned
Horida document number NEW			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
FLECX, LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:		_	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		records, <u>enter tl</u>	ne name of the
Name of New Registered Agent:	· 		
New Registered Office Address:	 		
	Enter Florida stre	et 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
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<u>Note:</u>	we date, if other than the date of filing:
	ord 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_	
	90th day after the record is filed.

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Typed or printed name of signee

Filing Fee: \$25.00