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## **COVER LETTER**

TO:

Registration Section

Divisio	n of Cor	porations		
		TIC METERS LLC		
SUBJECT:		Name of Limi	ited Liability Company	<u> </u>
The enclosed A	rticles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		are in army size had	veros	
		CESAR QUINONES PAL	Name of Person	<del>_</del>
		FLOWMATIC METERS I	.1. <b>C</b>	
			Firm/Company	
		11256 NW 51ST TERRAC		
			Address	
		DORAL, FL 33178	Construction of the Construction	
		cesar@flowmatic-meters.co		
			to be used for future annual report not	fication)
For further info	rmation e	oncerning this matter, please co	all:	
LUIS G. ROJAS		at () Area Code Daytin		
	Nume o	î Person	Area Code Daytin	ie Felephone Number
Enclosed is a ch	eck for th	ne following amount:		
□ \$25.00 Filii	ig Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radding deeps is at threaty	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Corallahassee, FL M	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOWMATIC METERS LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number 1.19000148263	ompany were filed on 06/04/20119	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDI	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SS PH L
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our rec dress here:	ords, enter the name of the I
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
<del></del> -	Cuy	Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CESAR QUINONES PALACIOS	11256 NW 51ST TERRACE. DORAL, FL 33178	
			□ Remove
			■ Change
			Remove
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			Change
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Note: If t	date, if other the date is listed, the cather the date inserted in the date of the date of	this block does no	t meet the applic	able statutory filing	(optiona e than 90 days after filir requirements, this da	d) ng.) Pursuant to 605.0207 te will not be listed as
	rd specifies a de			t an effective tir	ne, at 12:01 a.m	i. on the earlier of
	Oth day after th	ie record is file				

Page 3 of 3

Filing Fee: \$25.00