## L19 000148 263

(Ke	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	siness Entity Nam	<u></u>
(00	Siliess Entity (1577)	<b>-</b> ,
(Lo	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
		ļ

Office Use Only



100338999631

01/19/20--01025--006 \*\*25.88

20 JAN 13 AM 11: 20

FB 10 TG

## **COVER LETTER**

TO: Registration Sec Division of Corp	ction / porations	•	· · · · · · · · · · · · · · · · · · ·					
FLOWMA	TIC METERS LLC	,	TO Y					
SUBJECT:		d Liability Company						
The enclosed Articles of	Amendment and fee(s) are subm	itted for tiling.	20 JH 13 MH 1.23					
Please return all correspo	ondence concerning this matter to	o the following:	<i>Q</i>					
	MIGUEL SANCHEZ							
		Name of Person						
Firm/Company 9710 STIRLING RD, OFFICE 104-105								
							Address	<del></del>
						COOPER CITY, FL 33024		
		City/State and Zip Code						
	msanchez@ebsadvisor.com	o be used for future annual report notific.	ation)					
For further information	concerning this matter, please ca							
MIGUEL SANCHEZ		786 304 0645	Felephone Number					
Name	of Person	Area Code Daytime	reephone Surface					
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 raddiaonal copy is enclosed)					
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURIE Registration Section Division of Corpora	ı					

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 July 13 Mill. 23

FLOWMATIC METERS LLC

company has been notified in writing of this change.

(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 w	zere filed on <u>06/04/2019</u>	and assigned
Florida document number L19000148263		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	v Company "the designation "LI	.C" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Finited Clashin		
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our recor	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Emer Florida street ado	
	,	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as point filed to merely reflect a change in the registered office	ee to act in this capacity. I performance of my duties, provided for in Chapter 60	5. F.S. Or. if this document is

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>	Type of Action
AMBR	LUIS G ROJAS	11256 NW 51 TER, DORAL, FL 33178-3547	
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

_							
							<del></del>
							<del></del>
				<del></del>		<u> </u>	
	<u> </u>						
							<del>_</del>
							<del></del>
lf an effect Note: H	ve date is listed, the he date inserted in	nan the date of fi date must be specific in this block does n on the Department	and cannot be proof of meet the app	meable statutory	or more than 90 filing requiren	(optional) days after filing.) P tents, this date wi	ursuant to 605.020 III not be listed as
he reco The 9	d specifies a c )th day after t	delayed effectiv The record is file	e date, but ed.	not an effect	ive time, at	12:01 a.m. or	n the earlier o
	Junuarey	9	<u>20</u> Au	<u>20</u>			
Dated _							
Dated _		Signature	of a member of	utha zed represer	native of a memb	ier	

Page 3 of 3

Filing Fee: \$25.00