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COVER LETTER

Division of Co	rporations		
SUBJECT:	FLYN MANAGEMENT	TLLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	٧	IKTORIYA VOLKOVA	
		Name of Person	
		Firm/Company 410 SE 2ND STREET, APT 210	
		Address	
	·	HALLANDALE, FL 33009	
		City/State and Zip Code vvtori21@gmail.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
VIKTORIYA VOLKO\	/A	239 248 4161	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FLYN MANA	AGEMENT LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears on our reco</u> ability Company)	rds.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000162151</u> .	vere filed on07/01/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	, ,	Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 605	and I am familiar with and 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>	Address	Type of Action
VMGR	VIKTORIYA VOLKOVA	244 BISCAYNE BLVD., UNIT 4807, <i>MÍAMÍ</i> FL 33132	Add
			■ Remove
			
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	•		☐ Change

	<u> </u>
(It an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>08/08/19</u>
	h Bron
	Signature of a member or authorized representative of a member
	Vik toriya Volkova Typed or printed name of signee

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Filing Fee: \$25.00