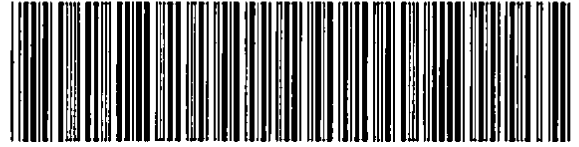


L19000 176408



500331911935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

07/23/13--01012--016 **30.00

SECRETARY OF STATE
FALLS CHURCH, VA 22028

19 JUL 23 AM 11:09

FILED

JUL 30 2013
T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLOODEX LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN CURLEY
Name of Person

FLOODEX LLC
Firm/Company

76 BUNKER RD
Address

ROTONDA WEST FL 33947
City/State and Zip Code

FLOODEXLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN CURLEY at (941) 623-8192
Name of Person Area Code Daytime Telephone Number

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 (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 ORGANIZATION
OF

FLOODEX LLC

(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 were filed on JULY 9/19 and assigned
Florida document number L19000176408

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

FILED
19 JUL 23 AM 11:08
STATE OF FLORIDA
TALLAHASSEE

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.

N/A

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>	<u>Type of Action</u>
<u>MGR</u>	<u>ERIC DOYLE</u>	<u>13528 MARTHA AVE</u>	<input checked="" type="checkbox"/> Add
		<u>PORT CHARLOTTE FL</u>	<input type="checkbox"/> Remove
		<u>33981</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>SCOTT WEINBERG</u>	<u>1044Z CARNEGIE AVE</u>	<input checked="" type="checkbox"/> Add
		<u>ENGLEWOOD FL 34224</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
19 JUN 23 11:11 AM
MILWAUKEE COUNTY CLERK
MILWAUKEE, WI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten 'N/A' in the center of the lined area.

19 JUL 23 4:11:08
STATE OF MISSISSIPPI
FALLS

FILED

E. Effective date, if other than the date of filing: N/A (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 16, 2019

Kevin R Curley
Signature of a member or authorized representative of a member

KEVIN R CURLEY
Typed or printed name of signee