

L19000269935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

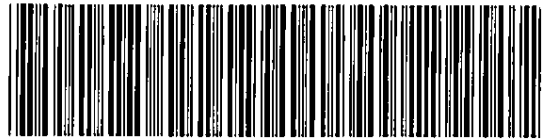
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Ty Called 3/10/19 added new
principal add. Submit new form
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FILED
2020 MAR 11 AM 7:11
CLERK OF COURT
JANUARY 11, 2020
STATE
OF FLORIDA

O SIMMONS

MAR 11 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fluxx Management 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 10/28/2019 and assigned Florida document number L19000269935

This amendment is submitted to amend the following:

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

Fluxx Mortgage & Financial LLC

(The new name must be different, distinguishable and contain the words "Limited Liability Company" or the designation "LLC" or the abbreviation "L.L.C.")

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

501 E. Kennedy Blvd
STE 1400
Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 E. Kennedy Blvd
STE 1400
Tampa, FL 33602

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:

New Registered Office Address:

11111 11111 11111

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 607, F.S. (b), if this document is being filed to merely reflect a change to the registered office address. I hereby confirm that the limited liability company has been notified 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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 STATE
 FL

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

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STATE



F. Effective date, if other than the date of filing: _____ (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 305.0207 (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 (1) and effective date, but not an effective time, at (2) (b) is the earlier of (b) 1. The 90th day after the record is filed.

1299

*Only one of a number of authorized representatives of a member

77-14118-1

* Typed or prepared in accordance with article

Filing Fee: \$25.00