

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
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TALLAHASSEE, FLORIDA

2020 MAY 14 PM 2:42

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLOWLIKE LLC

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Electronic Filing Menu

Corporate Filing Menu

V. SULLIVAN
Help
MAY 15 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOWLIKE 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 05/11/2020 and assigned
Florida document number 119000279269.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 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 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>
MGR	YEh, JERRY E H	905 EAST 2ND ST. #573	<input checked="" type="checkbox"/> Add
		LOS ANGELES, CA 90012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PICCOLO, FERNANDO	14334 BISCAYNE BLVD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAUFMAN, JULIAN G	14334 BISCAYNE BLVD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALEZ MONTALVO, JERONIMO S	14334 BISCAYNE BLVD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALEZ MONTALVO, MANUEL	14334 BISCAYNE BLVD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DELL'ORO MAINI, ATILIO P	14334 BISCAYNE BLVD	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change



