## 119000302300

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u> </u>
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations			
SUBJECT: Flies	For the Flats Name of Limit	ted Liability Company		;
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	14, T.	19,
Please return all correspo	ndence concerning this matter	to the following:	<b>%</b>	
	Schislau	W. Trikich Name of Person		
	Flies Forth	neFlats LLC Firm/Company		
	709 Share	Address	· • •	
	—	City/State and Zip Code		
For further information of	E-mail address: (i) oncerning this matter, please ca	o be used for future annual report notif	ication)	
ror futtier information c	oncerning this matter, prease ea	** · · · · · · · · · · · · · · · · · ·		
Scho Trik	sich	$a_i = a_i a_i a_i a_i$	3195	
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Second Division of Coron The Centre of Toron 2415 N. Monro Tallahassec. FL	porations allahassee c Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ART		AMENDMENT O
ARTI	CLES OF O O	PRGANIZATION F
		PRGANIZATION  F  Ny as it now appears on our records.  Liability Company)  Appears filed on 12-11-2-019  and assigned
The Articles of Organization for this Limited Lie	ability Company	were filed on 12 11 2019 and assigned
Florida document number <u>L\90003023c</u>		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liab	ility company here:
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	709 Sharon Place
(Principal office address MUST BE A STREET	T ADDRESS)	Keylargo, Florida, 33037
Enter new mailing address, if applicable:		709 Sharon Place
(Mailing address MAY BE A POST OFFICE BOX)		Key Largo, Florida, 33037
		· .
B. If amending the registered agent and/or re agent and/or the new registered office address		nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	709 E Keyla	Enter Florida street address
	KeyLa	City Sip 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>	Address	Type of Action
AMBR	Sobiolan N. Trikich	709 Sharon Place	□Add
		709 Sharon Place Key Largo, Florida	□Remove
		33037	XChange
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Remove
			□Change
			🗀 Add
		Петоче	
			□Change
			□Add
		□Remove	
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I am trying to change Stbislav N. Trikich
from title of MGR to now be AMBR.
Attached is the neccesary form with the
previously Stated Correction.
The other amendment is the changes of
address which are also attached on the
neccesary forms Thank you.
· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing:
f 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 ecord is filed.
Dated 01-09-2020 January 9, 2020
Signature of a member or authorized representative of a member
Typed or printed name of signee

. . . .

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