## K20000028067

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2022 APR -1 AH 8: 01

Juliel 2012

## **COVER LETTER**

SUBJECT: Flo	Tex Land Name of Limi	Developmented Liability Company	t, LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Kristian	May SMall Name of Person	
	FIOTEX (Co	nd Developm	rent, LLC
	20021 M	Address	
	Olleecholo	DEE FL 349 City/State and Zip Code 86 UA NOO.CO	72
	YYMCNOIIS E-mail address: (to	S & U O VOO. CO o be used for future annual report notif	īcation)
For further information con	ncerning this matter, please ca	II:	
Kristian Name of I	<u>Marshall</u>		5417 ETelephone Number
Enclosed is a check for the		,	·
\$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)
Mailina Addross		Street Address	

TO:

Registration Section **Division of Corporations** 

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 APR AM 8: C ed Liability Company as it now appe (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1 - 22 - 202 U Florida document number 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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
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		St. O'Leechobre, Fi	□Remove
		34972	□Change
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(If an effect Note: 11	te date, if other than the date of filing:
he record ord is file	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 d.
Dated _	3.29- 2022
	4. M
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00