

220000 107994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

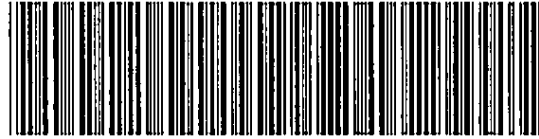
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600344248736

05/19/20--01006--027 \*\*25.00

RECEIVED

MAY 18 2020

R. WHITE

JUN 10 2020

2020 JUN 10 10:20:00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Organized Flow  
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:

Keisten Legge  
Name of Person

Organized Flow  
Firm/Company

5550 SW 90th Terr  
Address

Cooper City 33328  
City/State and Zip Code

letscreatespace@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny M. Kreps at (561) 693.7447  
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 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  
OF**

Organized Flow  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 TO BY 2:05

The Articles of Organization for this Limited Liability Company were filed on 4/20/2020 and assigned Florida document number L20000107.994

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:

Penny M. Kreps

New Registered Office Address:

5028 Nautica Lake Circle

Enter Florida street address

Greenacres, Florida 33463

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.*

Penny M. Kreps

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>AMBR</u>	<u>Penny M. Kreps</u>	<u>5028 Nautica Lk Cir</u> <u>Greenacres FL 33463</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>MGR</u>	<u>Kristen Legge</u>	<u>5550 SW 90th Terr</u> <u>Cooper City FL 33328</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change

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

We are establishing a Partnership.  
It was difficult to speak to someone  
who could advise us as to the  
right actions. Please let us know  
if we need additional documents  
for to satisfy the state or fed.

Thank you.

E. 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 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

4/27, 2020.

Kristen Legge

Signature of a member or authorized representative of a member

Kristen Legge

Typed or printed name of signer

Filing Fee: \$25.00