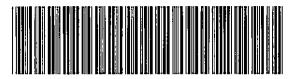
## 1200000 123 655

(	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:
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
FUNCT	FLOVEA&E, LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ERIKA VERGARA			
		Name of Person		
		Firm Company		
	719 NW 90TH TERRACE	E BLDG 22		
		Address		
	PLANTATION, FL 33324			
	FLOLOVEAE@GMAIL.C			
For further information c	E-mail address: ( oncerning this matter, please o	to be used for future annual report nall:	onfication)	
ERIKA VERGARA		954 8061025		
Name o	f Person	Area Code Dayt	ime 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 Addres		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of C	orporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2410 IN. MON	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOVEA&E, LLC

company has been notified in writing of this change.

2.23.21 - 25 3.1 8: 78

( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recormited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Con Florida document number $\frac{1.20000123655}{1.20000123655}$	npany were filed on $\frac{05/07/2020}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
	<del> </del>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	F	lorida
New Registered Agent's Signature, if changing Registered A	- ,	z.yr Coxie
I hereby accept the appointment as registered agent an		further agree to comply with
provisions of all statutes relative to the proper and con	aplete performance of my duties, a	and I am familiar with and
accept the obligations of my position as registered ages being filed to merely reflect a change in the registered		

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 22 No. 25 No. 8: 78	Type of Action
AMBR	ERIKA VERGARA	719 NW 90TH TERRACE BLDG 22	□Add
		PLANTATION, FL 33324	□Remove
			■ Change
AMBR ANDRES CAS	ANDRES CASTRILLON	719 NW 90TH TERRACE BLDG 22	□∧dd
		PLANTATION, FL 33324	□Remove
			<b>∃</b> Change
			□Add
		<del> </del>	□Remove
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			□Add
			□Remove
			Change

• •	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
The bank	< told us we filed it wrong, to be
able to	open a bank account, so we need
to box	n be AMBR. We need to please
	ese changes so we can open a
	os account. Thank you so much for
your he	
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
<del></del>	
Note: If the date inserted in t	in the date of filing:
he record specifies a delayed ef ord is filed.	Rective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
08/18 Dated	2020
<del></del>	Signature of a member or authorized representative of a member
EDIL'A VERZAN	
ERIKA VERGAR	Typed or printed name of signee

Filing Fee: \$25.00