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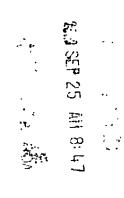
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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C. GOLDEN SEP 25 2020

COVER LETTER

FO: Registration Sec Division of Corp		
SUBJECT: Flo	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspoi	ndence concerning this matter to the following:	
	Firm/Company	
	61B Wellwood Ln	
	Palm Coast, FL 32164 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Cyrus Bo	rown ::(386, 234-9464	
Name of	f Person Area Code Daytime Telephone Number	
Enclosed is a check for th	he following amount:	
E) \$25,00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &

Mailing Address:

TO:

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

FLAGLER FINISH & CO		27137	<u> 35 71 9: 02</u>
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ir records.)	
ne Articles of Organization for this Limited Liability Companyorida document number <u>[200024419</u> 0	y were filed on _\S\/\l	1/50	and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lia	bility company here:		
e new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the at	breviation "L.L.C."
nter new principal offices address, if applicable:	sr		
rincipal office address MUST BE A STREET ADDRESS)			
			
iter new mailing address, if applicable:		,	
tailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our record	s, <u>enter the nan</u>	e of the new regist
Name of New Decistored Amounts			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	get address	
	Enter Florida str	eet address , Florida	

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 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>	Type of Action
MGR	Troy Reddin	3 holling PL Palm Coas	LFLWAdd
		32164	□Remove
			Change
			🗆 🗅 Add
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ective date, if	other than the date listed, the date must be sp	of filing:	be prior to date of fili	ing or more than 90 d	_ (optional) ays after filing.) Pur	suant to 605,0207 (3
	inserted in this block d ive date on the Departi			ry ming requireme	ents, this date will	not be fisted as th
cord specifies : s filed.	a delayed effective date	:, but not an effec	tive time, at 12:0	l a.m. on the earlie	er of: (b) The 90	th day after the
ed	25/20	·	· ·			
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	Cyrun	ature of a member of				

Filing Fee: \$25.00