h20000271633

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doce	ament Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
Certified Copies	Certificates	of Status

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2022 DEC 12 PM 2: 3

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flash Action Services Tean UC 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:
Ileana Tato Name of Person
Imgeación y Multiservicios Corp
3750 W. 16 Ave - \$ 200
Wialeas FL 33012 City/State and Zip Code
imigracion. multi services o Jalo. COH E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teana Tato at (186) 391-2386 Name of Person at (286) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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



August 29, 2022

SANDRA PATRICIA RAMIREZ ZAVALA 2515 WEST 52ND ST #205 HIALEAH, FL 33016

SUBJECT: FLASH ACTION SERVICES TEAM LLC

Ref. Number: L20000271633

We have received your document for FLASH ACTION SERVICES TEAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

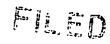
The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 522A00019170

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2022 DEC 12 PH 2: 37

The Articles of Organization for this Limited Liability Company Florida document number <u>し 20000 27 1 に 3</u> 3	y were filed on <u>\$\3\\2020</u> and assigned
This amendment is submitted to amend the following:	In for this Limited Liability Company were filed on \$\frac{1}{2020}\$ and assigned \$\frac{1}{20000} \frac{20}{20} \frac{1}{20}\$ and assigned \$\frac{1}{20000} \frac{20}{20} \frac{1}{20}\$ and assigned \$\frac{1}{20000} \frac{20}{20} \frac{1}{20}\$ and assigned to amend the following: Set the new name of the limited liability company here:
A. If amending name, enter the new name of the limited liab	A Florida Limited Liability Company were filed on
The new name must be distinguishable and contain the words "Limited Liabi	oility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	· · · · · · · · · · · · · · · · · · ·
	•
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>

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>	Name	Address	Type of Action
VP	Alvaro I. Vazquez	2515 W 52 nd St. #205	□Add
	·	Nialean FL 33016	Remove
			□Change
			🗆 Add
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Effective date, if other than the date of a (If an effective date is listed, the date must be specified.) Note: If the date inserted in this block does document's effective date on the Department.	ic and cannot be prior not meet the applica	able statutory filing	ore than 90 days after fi	ling.) Pursuant to	
he record specifies a delayed effective date, bu ord is filed.	it not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day a	after the
Dated <u>December 07</u>	<u>Aoa a</u>	<u>L</u> .			
Fignature	of a member or autho	orized representative	of a member		-
<u>bandra</u>	P Rasis	QCZ ed name of signee			-

Filing Fee: \$25.00