## 5150PC000

(1	Requestor's Name)	
(/	Address)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	e)
i)	Document Number)	
ed Copies	Certificates of	of Status
cial Instructions	to Fiting Officer.	

Office Use Only

1092-524-6206



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2/9/2023

## **COVER LETTER**

TO: Registration S Division of Co			
A	o Mobile Detailing LLC		
30BJEC1	Name of Limit	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subm	sitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Thomas L Flowers Sr		
		Name of Person	
		Firm/Company	
	1568 Sw 106th Ave		
		Address	
	Pembroke Pines,FL 33025		
	thomasflowers137@gmail.co	City/State and Zip Code	
		be used for future annual report no	tification)
For further information	concerning this matter, please cal	1:	
Thomas L Flowers Sr		305 680-6250	
Name	of Person	at ()	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee





February 2, 2023

THOMAS L FLOWERS, SR. 1568 SW 106TH AVENUE PEMBROKE PINES, FL 33025

SUBJECT: FLOWMINGO MOBILE DETAILING, LLC

Ref. Number: L20000390273

We have received your document for FLOWMINGO MOBILE DETAILING, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please correct the entitys document number.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

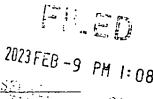
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 623A00002571

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Flowming Mobile Detailing LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12}{14}/2020$ and assigned Florida document number \_ L20000390273 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Flowers Royalty LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1568 Sw 106th Ave Enter new principal offices address, if applicable: Pembroke Pines,FL 33025 (Principal office address MUST BE A STREET ADDRESS) 1568 Sw 106th Ave Enter new mailing address, if applicable: Pembroke Pines.FL 33025 (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.

City

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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Signature	of a member or autho	orized teprese	ntitive of a men	ber		
Thomas L. Flowers Sr		V				

Filing Fee: \$25.00