

L21 0000045406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

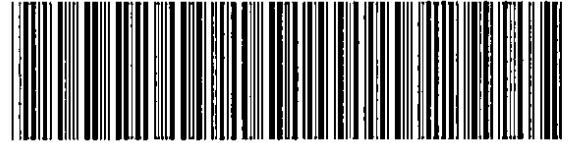
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 24 AM 11:14

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MAY 27 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2021

MICHAEL LEHMAN
2146 SE 6TH AVE
CAPE CORAL, FL 33990

SUBJECT: FLOWER SHIRT GUY RE, LLC
Ref. Number: L21000045406

We have received your document for FLOWER SHIRT GUY RE, 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):

We are enclosing the proper form(s) with instructions for your convenience.

PLEASE COMPLETE ENCLOSED FORMS TO ADD A AUTHORIZED MEMBER/MANGER TO THE ENTITY

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 521A00011590

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOWER SHIRT GUY RE, LLC
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:

MICHAEL A. LEHMAN
Name of Person

FLOWER SHIRT GUY RE, LLC
Firm/Company

2146 SE 6TH AVE
Address

CAPE CORAL, FL 33990
City/State and Zip Code

MICHAEL • LEHMAN@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. LEHMAN at (610) 654-9272
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: CHECK SENT

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

2021 JUN 24 AM 11:14

FLOWER SHIRT GUY RE, 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 Apr 25 2021 and assigned
Florida document number L21000045406

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:

MICHAEL A. LEHMAN

New Registered Office Address:

2146 SE 6TH AVE
Enter Florida street address

CAPE CORAL

City

Florida

33990

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.

Michael A. Lehman

If Changing Registered Agent, Signature of New Registered Agent

2021 JUN 24 AM 11: 14

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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[illegible]

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(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)

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 June - 19, 2021

Michael A. Lehman

Signature of a member or authorized representative of a member

MICHAEL A. LEHMAN

Typed or printed name of signee

Filing Fee: \$25.00