## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer







## **COVER LETTER**

TO:

TO: Registration Division of C	Section Corporations		
SUBJECT:	Flow Premier LLC		
		nited Enability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following.	
	Ismael Ro	osario	
		Name of Person	
	Flow Prei	mier LLC	
		Firm/Company	(° - ;
	13815 Az	alea Cr Unit.202	
	<u>Largo FL</u>		
	*l= = =l = =l = =.	City/State and Zip Code	ب ب
	E-mail address; (	uad.info@gmail.cor to be used for future annual report not	ندر: htication)
For further informatio	n concerning this matter, please c	all:	
Ismael F	Rosario	at (813 ) 352-(	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
i manase	C, 1 E JAJ 1 T	Tallahassee, Fl	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flow Premier LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000059493</u> .	were filed on02/03/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The Dad Squad LLC The new name must be distinguishable and contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words" and Contain the words are contain the words and Contain the words are contain the words are contained to	ty Company," the designation "LLC" or the abbreviation "L L.C"
Enter new principal offices address, if applicable:	3141 138th PL Largo FL 33771
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Amating maters was be a fost of Fice boxy	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City 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

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	Type of Action
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			C Remove
			☐ Add
			□Change
<del></del>			
		_	□Remove
			□Change
		-	□ Add
			□ Remove
			□Change

							_
		<u> </u>					_
							_
							_
							_
							_
							_
							_
							_
							_
			_		<u>e:</u>	1027	_
					<u> </u>	E OCT	<b>-</b> .
-							_
						i	_
					: G : - 1 : - 1,	ည်း မာ	. •
				<u> </u>	·.		-
Factive data if other than the date	of filing:			,	ontional)	•	
ffective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	oes not meet tl	he applicable	ate of filing or n statutory filir	nore than 90 day ig requirement	s after filing () s, this date w	Pursuant to 6 fill not be li	05 020° sted as
record specifies a delayed effective date is filed.	, but not an ef	fective time,	at 12:01 a.m.	on the earlier	of. (b) The	90th day af	ier the
. 10/14/2024	<del></del> ·						
ated 10/14/2024							
ated 10/14/2024	Ź	null	1/2				

•

Filing Fee: \$25.00