

L21 0000 68884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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21 NOV 26 AM 10:29

T. MATTHEWS

DEC -7 2021



2021 NOV 24 AM 8:15

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2021

MARK MANKE  
101 MILESTONE WAY  
WEST PALM BEACH, FL 33415

SUBJECT: FLMM, LLC  
Ref. Number: L21000068884

We have received your document for FLMM, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews  
OPS

Letter Number: 521A00024277

4. 5. 6. 7.

**SUBJECT:**

Name of Limited Liability Company

Mark Manke

Name of Person

FLMM LLC

Firm/Company

3 Paxford Lane, Boynton Beach, FL

Address

Boynton Beach, FL, 33426

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Mark Manke

Name of Person

at ( 567 )  
Area Code

889-229f

Daytime Telephone Number

☐ \$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)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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**

FLMM LLC

21 MAY 24 11:10:29

(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 02/09/2021 and assigned Florida document number L2100006884.

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:

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 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

21 NOV 24 AM 10:29

Title	Name	Address	Type of Action
AMBR	Mark Manke	5045 3rd Road, Lake Worth, FL 33467	<input checked="" type="checkbox"/> Add

☐ Remove

☐ Change

AMBR	Frank C. Lanza III	101 Milestone Way, West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Add
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☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 NOV 24 AM 10:29

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/19/2021



Signature of a member or authorized representative of a member

Mark Manke

Typed or printed name of signer