121000017969

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





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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 4/29/2021 **WALK IN'				
ENTITY NAME flyingfinancialsolutions LLC				
DOCUMENT NUMBER	₹			
	PLEASE FILE THE ATTACHED AND RETURN			
xxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY			
	Certificate of Status Reflecting:			
	APOSTILLE' / NOTARIAL CERTIFICATION			
COUNTRY OF DESTINA	TION			
NUMBER OF CERTIFICA	ATES REQUESTED			
TOTAL OWED \$ 25.00	ACCOUNT # 120160000072			
NUMBER OF CERTIFICA	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: **APOSTILLE' / NOTARIAL CERTIFICATION** ATES REQUESTED			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

7821 APR 29 AH 7: 53 flyingfinancialsolutions 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 $\frac{02-15-2021}{1}$ and assigned Florida document number 1.21000077969 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." 10342 Wellington Parc Dr. Enter new principal offices address, if applicable: Wellington, FL 33449 (Principal office address MUST BE A STREET ADDRESS) 10342 Wellington Parc Dr. Enter new mailing address, if applicable: Wellington, FL 33449 (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.

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 2521 PPR 29 87 7: 52	Type of Action
AMBR	Craig Timothy Feinberg	10342 Wellington Parc Dr.	□ Add
		Wellianten El 22140	LI Add
		Wellington, FL 33449	Remove
			☐ Change
			Add
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			☐ Remove
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			Change

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	7321 APQ 29 AM 7: 52
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fan effective date is listed, the date r	he date of filing:
e record specifies a delay The 90th day after the re	red effective date, but not an effective time, at 12:01 a.m. on the earlier of ecord is filed.
04-29 Dated	. 2021
	 .
1.10.	Timothy Feinberg Signature of a member or authorized representative of a member

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Filing Fee: \$25.00