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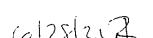
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Flash F	Pra 11 L.L.C.			
30B3CC1.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
		T. 1 Coste			
		Lan Cosk Name of Person			
	Has	sh Pro 1 L.L.C			
	2555 PG/	Address	49		
	D. L. Brach	7. dens El 334	i 10		
	Talki Dezare	City State and Zip Code			
	icuok	Tardens, FL 334 City State and Zip Code 117 Q awt 1:04 to be used for future annual report note	. Cim		
			neation)		
For further information c	oncerning this matter, please ea		r 07		
Ian	Cook	$\frac{1}{\text{Area Code}} = \frac{561}{906}$	458/		
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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)		
Mailing Address		Street Address:			
Registration : Division of C		_	Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of T	allahassee		
Tallahassee,	FL 32314	Z415 IN. MOBTO	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $\frac{4/12/2}{L2(000169499)}$.	021 and assigned
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" o	or the abbreviation "L.I.,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 agent and/or the new registered office address here:	e name of the new registere
Name of New Registered Agent:	<u> </u>
New Registered Office Address: Enter Florida street address	
Flori	ida = 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 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>	Name	Address	Type of Action
MGR	ELizabeth Licata	615 S F ST	🗆 Add
		Lake Worth, FL 33460	\text{\tin}\text{\tex{\tex
			□Change
MGR	Evan Licata	615 SF ST	□Add
		Lake Worth, FL 33460	Z Remove
			□Change
			□Add
			□Remove
			□Change
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	f other than the date		15/18/2	021	(ti	
reffective date i te: If the date	listed, the date must be sp inserted in this block do ive date on the Departr	ecitic and cannot oes not meet th	be prior to date of e applicable stati	filing or more than	90 days after filing.) Pursuant to 605,020 will not be listed a
cord specifies s filed,	a delayed effective date	:. but not an eff	ective time, at 12	2:01 a.m. on the e	arlier of: (b) Th	e 90th day after the
ed 18th	of May	2	021			
			n	resentative of a me	nber	
	21,5110	and the manifest of the second				