121000181943

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

Office Use Only



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A. BUTLER

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co	ection rporations		
Flonode L			•
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing	
	ondence concerning this matter		
	Jack Freeman		
		Name of Person	
	Flonode LLC		
		Firm/Company	
	604 N Atlantic Ave		
		Address	
	New Smyrna Beach, FL 3	2169	
		City/State and Zip Code	
	Mejackfreeman@gmail.com	n to be used for future annual report noti	i constant
For further information of	concerning this matter, please c		nearion)
Jack Freeman		407 402-1402	
Name c	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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 Registration		Street Address: Registration Sec	ction
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Flonode LLC

2022 JUN 14 AM 6: 05

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таниси глаонцу Сопірану)	TALLANY OF STATE
ompany were filed on April 19	The state of the s
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•••	
ted liability company here:	
ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
ESS)	
office address on our recor	ds, <u>enter the name of the new registere</u>
-	
Enter Florida st	reet address
	Florida
City	Zip Code
•	ESS)

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Charles Broennle	1377 Palomino Way, Ovied , 5 3276	L □Add
			⊃ ≘Remove
			□Change
AMBR	Mary Heather Webb	4346 Grave Park Dr. Tallahorse,	<u>FL</u> ≣Add
			□Remove
			□Change
			□Add
			□Remove
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			□ Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			_ 🗆 Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	June 10th 2022
	Signature of a member or authorized representative of a member
	Jack Freeman Typed or printed name of signee