## h21000207896

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## COVER LETTER

	egistration S lvision of Co		**				
SHB HECT	THE FLINSTONES LLC						
30131501		Name of Li	mited Liability Company				
The enclos	ed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please retu	rn all corresp	ondence concerning this matte	r to the following:				
		SANDRA M PEREZ MA	TTA				
			Name of Person				
		NMP PROFESSIONAL, S	SERVICES INC				
			Fign/Company				
		2500 SW 107 AVE STE 8	3				
			Address				
		MIAMI, PL 33165					
			City/State and Zip Code				
		NMP PROFESSIONAL SI					
			to be used for future annual report noti-	fication)			
For further i	information c	oncerning this matter, please of	all:				
SANDRA N	M PEREZ MA	ATTA	305 221-\$176				
	Name o	f Person	at () Area Code Daytime	e Telephone Number			
Enclosed is	a check for th	ne following amount:					
童 \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Re. Div P.C	iling Address gistration S vision of Co D. Box 632 Iahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FLINSTONES LLC		
( <u>Name of the Limited Lial</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/04/2021	and assigned
Florida document number L21000207896		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
THE FLINTSTONES LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation " C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		ကြည်း ကြ
		모
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20 <b>5</b>
B. If amending the registered agent and/or register		e 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	
	, Florio	da
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
,			□Add
			□Remove
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Effective date, if other than the ot	usi be specific block does no	and cannot be proof meet the app	ior to date of lili dicable statutor	ng or more than 90 y filing requires	(optional Days after filing ments, this dat	g.) Pursuant to (	505.0207 isted as
e record specifies a delayed effect rd is filed.	ive date, but i	not an effectiv	e time, at 12:01	a.m. on the cat	lier of: (b) T	he 90th day a	fier the
		2021					
Dated MAY 19		·	·				
Dated MAY 19		· -	·				