h21000281857

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09/18/21--01012--004 **25.06



O SIMMONS SEP 27 2021

COVER LETTER

TO: Registration Se Division of Cor						
FLAK LLO	C					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	CASEY					
		Name of Person				
	AUSTIN					
		Firm/Company				
	1425 BLUE SPRING CT					
		Address				
	ST AUGUSTINE, FL 320	92				
	CASEY.AUSTIN.0@GMA	City/State and Zip Code				
	tification)					
For further information of	concerning this matter, please c					
LISA WHITLEY		904 217-4462				
Name o	of Person	at () Area Code Dayti	me Telephone Number			
Enclosed is a check for t	he following amount:					
	☐ \$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 Addre	ss:	Street Address:				
Registration	Section	Registration S				
Division of C		Division of Co				
P.O. Box 632	<i>41</i>	The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF #21 SEF 15 M 7: 59

FLAK LLC		•
(Name of the Limi	ted Liability Company 25 it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L Florida document number L21000281857	iability Company were filed on _	UNE 17, 2021 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, <u>enter the new name c</u>	of the limited liability company	<u>here</u> :
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 appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
	 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX</u>	
		
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new register
Name of New Registered Agent:	LISA WHITLEY	
New Registered Office Address:	811 STATE ROAD 206 E SUIT	TH 6
THE PERSON NAMED AND PARTY OF THE PARTY OF T	Enter F	orida street address
	ST AUGUTINE	, Florida 32086
	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CASEY AUSTIN	1425 BLUE SPRING CT	■Add
		ST AUGUSTINE, FL 32092	Remove
			Change
MGR	AYDEN AUSTIN	1425 CLUE SPRING CT	□Add
		ST AUGUSTINE, fl 32092	□Remove
			⊟ Change
MBR	AYDEN AUSTIN	1425 BLUE SPRING CT	
	ST AUGUS	ST AUGUSTINE, FL 32092	□Remove
			■Change
			□Remove
			□ Change
			🗀 Add
	•		□Remove
			Change
			DAdd
			□Remove
			□Change

amending any other in	formation, enter c	change(s) bere: (/	Attach additio n al	sheets, if necessar	SE, 16 ,	9H 7: 5
						
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Tective date, if other these citizative date is listed, the set; if the date inserted in soument's effective date of	inte must be specific to this block does not	ed exmos be prior to di meet the applicable	are of filing or more to statutory. filing re	(optional han 90 days after filin quirements, this dat	g.) Purstant to 603	.0207 (3½b) ed as the
ecord specifies a delayed is filed.	effective date, but no	ot an effective time,	at 12:01 a.m. on ț	he earlier of: (b) T	he 90th day afte	i the
JULY 16		, 2021				
	1			. 		
1 	Signature of a	member or authorize	d representative of	member		
CASEY AUSTI		(/				

Filing Fee: S25.00