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	(Requestor's	Name)	
	(Address)		
	(Address)		
	(City/State/Z	ip/Phone #)	
PICK-UP	· w	/AIT	MAIL
	(Business E	ntity Name)	
	(Document N	Number)	
Certified Copies	Ce	rtificates of	Status
Special Instructions	to Filing Off	icer:	
Special Instructions	s to Filing Off	icer:	

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COVER LETTER

	istration Se ision of Cor		•	
SUBJECT:	FLEX FUN		·	
SOBJECT.		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
Please return	all correspo	ndence concerning this matter	to the following:	
		ADAM RIGEL	Name of Person CAPITAL LLC Firm/Company BLDG 100. STE 208 Address . 32256 City/State and Zip Code rom ess: (to be used for future annual report notification) ase call:	
			Name of Person	
		JWB REAL ESTATE CAI	PITAL LLC	
		·	Firm/Company	
		7563 PHILIPS HWY, BLI	OG 100. STE 208	
			Address	
		JACKSONVILLE, FL 32.	256	
			City/State and Zip Code	
		LLC@jwbcompanies.com		
		E-mail address: ()	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please co	ill:	
ADAM RIG	EL			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLEX FUND I LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liab	oility Company were filed on July 8, 2021	and assigned
lorida document number L21000312829		
forida document number	·	
his amendment is submitted to amend the follow	ring:	
If amending name, enter the new name of the	he limited liability company here:	
FLEX LENDING 3 LLC		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
· · · · · · · · · · · · · · · · · · ·	I	
inter new principal offices address, if applicab		· - ·-
<u> Principal office address MUST BE A STREET</u>	ADDRESS)	
inter new mailing address, if applicable:		
• •		H-
Mailing address MAY BE A POST OFFICE BO	<u></u>	
. If amending the registered agent and/or		enter the name of the
egistered agent and/or the new registered offic	ee address here:	
Name of New Registered Agent:		
Name Description of (NOT = 18 a.d.)		
New Registered Office Address:	Enter Florida street address	
	Flor	rida Zip Code
	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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			□ Remove
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te: If the date inserte	than the date of filing: he date must be specific and ed I in this block does not med e on the Department of Sta	et the applicable st	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Pursuant ments, this date will not l	to 605,020 be listed as
	delayed effective da the record is filed.	te, but not an e	effective time, at	12:01 a.m. on the	earlier o
ted	A .	2021			
 -	MAL				
			epresentative of a mem		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00