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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Division of Cor			
SUBJECT:	C Flash Truc	K CLC	
1	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Yasma w	S Gouez Caim	oua
	`	Firm Company	
	7635 Tam C	Cae Apr 206 Address	
	Naples	FL 34104 City/State and Zip Code	
		9mil · Com  o he used for future annual report notif	
For further information co	oncerning this matter, please ca	•	
Yasmawis	gour larmone	at ( <u>904</u> ) <u>365</u> Area Code Dayting	38 99.
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
Ø≤\$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compar (A Florida Limited L	ty as it now appears on lability Company)	our records.)		
	*	were filed on		and as:	signed
This amendment is submitted to amend the following	owing:				
The Articles of Organization for this Limited Liability Company were filed on					
The new name must be distinguishable and contain the w	vords "Limited Liabili	ty Company," the design	nation "LLC" or the	abbreviation "L	.IC."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)			702	<del></del>
			``		···
Enter new mailing address, if applicable:				· 65	·
(Mailing address MAY BE A POST OFFICE)	BOX)	TP			
				<u>ب</u> - ا	
		ddress on our reco	rds, <u>enter the na</u> j	me of the ne	<u>w registerec</u>
Name of New Registered Agent:	<u>Yasma</u>	un yours	Carmona		
New Registered Office Address:	7635 Ta	Na CIR A	+ 206 street address		
	N	aple 3	, Florida	34(0	4
		V 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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