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(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STANS
TALLAHASSEE, FLAFF

COVER LETTER

Tallahassee, FL 32314

	gistration Se vision of Cor				
eun uezer.	Flagler Inve	estments, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Christine Becker			
			Name of Person		
		Flagler Investments, LLC			
		-	Firm/Company		
		1835 S Central Avenue			
	Address				
	Flagler Beach, FL 32136				
		cbecker1051@yahoo.com	City/State and Zip Code		
		- -	to be used for future annual repo	rt notification)	
For further i	information c	oncerning this matter, please ca	all:		
Christine B	ecker		301 775-14	75	
	Name o	f Person		aytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Addre Registratio		
Di	vision of C	Corporations	Division of	Corporations	
P.0	O. Box 632	27	The Centre	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2021 NOV 17 AM 1:32

FLAGLER INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)

y were filed on 11/1/21	
	and assigned
bility company here:	
<u>-</u> -	
ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
1835 Central Avenue S	
Flagler Beach	
FL 32136	
	· · · · · · · · · · · · · · · · · · ·
address on our records, enter the	e name of the new register
Enter Florida street address	
, Flori	do
	Zip Code
City , F10 Ci	гір Соас
	zip Coae
•	Flagler Beach FL 32136 address on our records, enter the

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>	Address	Type of Action
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

Amending :	address of principal office only. All other documents remain as filed.
	
	
<u>-</u>	
activa data i	f other than the date of filing: (optional)
reffective date is	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tive date on the Department of State's records.
differit 5 crices	are dute on the Department of State & records.
aand amaalfiaa	a delayed effective days but not on effective time at 12,01 and another effect. The cost day of
s filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	11-13 21
.cu	Signature of a member or authorized representative of a member
	Manasine Member
	Signature of a member or authorized representative of a member
	Chaistan A Becker Typed or printed name of signee

Filing Fee: \$25.00