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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| ΓΟ: Registration<br>Division of C |                                              |                                                                     |                                                                                             |
|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| SUBJECT:                          | Florida                                      | Flowing Physics and Care ed Liability Company                       | <u> </u>                                                                                    |
|                                   | Name of Limit                                | ed Liability Company                                                |                                                                                             |
| The enclosed Articles             | of Amendment and fee(s) are subn             | nitted for filing.                                                  |                                                                                             |
| Please return all corres          | pondence concerning this matter to           | o the following:                                                    |                                                                                             |
|                                   | Keldrick                                     | "Kel" Baley Name of Person                                          |                                                                                             |
|                                   | Franka                                       | Flame Merchand<br>Firm/Company                                      | ing Li                                                                                      |
|                                   | <u> 3647 B.</u>                              | radiony HV2.                                                        | <del></del>                                                                                 |
|                                   | Jackson                                      | City/State and Zip Code                                             | J54                                                                                         |
|                                   | Pertah man<br>E-mail address: (to            | 3000@ smal - Com<br>be used for future annual report n              | otification)                                                                                |
| for further information           | a concerning this matter, please cal         | II:                                                                 |                                                                                             |
| <u>Kelderik</u><br>Nam            | e of Person                                  | at ( <u>104</u> ) <u>(; 6, 2</u><br>Area Code Dayt                  | - 477 S<br>ime Telephone Number                                                             |
| Enclosed is a check for           | the following amount:                        |                                                                     |                                                                                             |
| €\$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

| Florida Flame Apparel (Name of the Limited Liability Company                                                             | LL'                                      |                                                      |             |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|-------------|
| (A Florida Limited Liab                                                                                                  | as it now appears on our records.)       |                                                      |             |
| The Articles of Organization for this Limited Liability Company we                                                       | ere filed on Desember 3th, 202           | 1 and assi                                           | igned       |
| Florida document number <u>L21000 5174 39</u> .                                                                          |                                          |                                                      |             |
| This amendment is submitted to amend the following:                                                                      |                                          |                                                      |             |
| A. If amending name, enter the new name of the limited liabilit                                                          | v company here:                          |                                                      |             |
| The new name must be distinguishable and contain the words "Limited Liability                                            | lieury 1-1-C                             |                                                      |             |
| The new name must be distinguishable and contain the words "Limited Liability                                            | Company," the designation "LLC" or the a | ibbreviation "L.I                                    | C."         |
| Enter new principal offices address, if applicable:                                                                      |                                          | · <del>-</del> · · · · · · · · · · · · · · · · · · · |             |
| (Principal office address MUST BE A STREET ADDRESS)                                                                      |                                          |                                                      |             |
| -                                                                                                                        |                                          |                                                      | <del></del> |
|                                                                                                                          |                                          |                                                      |             |
| Enter new mailing address, if applicable:                                                                                |                                          |                                                      |             |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                               |                                          |                                                      |             |
| -                                                                                                                        | <del></del>                              |                                                      |             |
|                                                                                                                          |                                          | C.1                                                  | • .         |
| B. If amending the registered agent and/or registered office ado<br>agent and/or the new registered office address here: | iress on our records, enter the nai      | ne of the new                                        | registere   |
|                                                                                                                          |                                          | 2022                                                 |             |
| Name of New Registered Agent:                                                                                            |                                          | سے<br>«ورور»<br>سوٹ                                  |             |
| Non-Positional Office Address                                                                                            |                                          | 1                                                    |             |
| New Registered Office Address:                                                                                           | Enter Florida street address             |                                                      | 1 1 1       |
|                                                                                                                          | Florida                                  | OF S 720                                             | U           |
|                                                                                                                          | City                                     | - 7tp Cong                                           |             |
|                                                                                                                          |                                          |                                                      |             |

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 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 |
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|                                     | ng any other infor                                                                                       |                                         |                                            |                                                     |                                                                  |                                                     |
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| -                                   |                                                                                                          |                                         |                                            |                                                     |                                                                  |                                                     |
| f an effectiv<br><u>Note:</u> If th | date, if other than<br>we date is listed, the date<br>he date inserted in thi<br>is effective date on th | must be specific ar<br>s block does not | nd cannot be prior to<br>meet the applicab | date of filing or more t<br>le statutory filing red | (optional)<br>han 90 days after filing.<br>quirements, this date | ) Pursuant to 605.0207 (<br>will not be listed as t |
| d is filed.                         | occifies a delayed effe                                                                                  |                                         |                                            |                                                     |                                                                  | e 90th day after the                                |
| Dated                               | December                                                                                                 | SO In                                   | . 2021                                     | . •                                                 |                                                                  |                                                     |
|                                     | December                                                                                                 | Signature of a                          | i niember or authori                       | zed-representative of a                             | member                                                           |                                                     |
|                                     |                                                                                                          |                                         | /                                          |                                                     |                                                                  |                                                     |