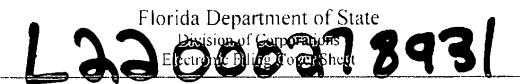
9/26/22, 9:21 AM

Division of Corporations



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(((H220003314273)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNDERTOW FLOW LLC

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COVER LETTER

TO:	Registration Se Division of Cor		÷	*		
CUBIC		OW FLOW LLC				
SORTE	СТ:		ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
		*	Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company			
101 N Brand Blvd 11th Fl						
			Address			
	Glendale, CA 91203					
	City/State and Zip Code					
		undertowflow1@gmail.com				
For furt	her information c	E-mail address: (oncerning this matter, please c	to be used for luture annual report notifi all:	cation)		
Cheyenne Moseley Name of Person			800 773-0888 at ()			
			Area Code Daytime	Telephone Number		
Enclose	d is a check for th	e following amount:				
□ \$25	.00 Filing Fee	S30.00 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/COURIER ADDRESS:

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

From: Danielle Gervasi

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

2022-09-26 07:23:32 PDT

UNDERTOW FLOW LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company Plorida document number L22000278931	were filed on 06/20/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8775 Naples Heritage Dr		
(Principal office address MUST BE A STREET ADDRESS)	Naples, Florida 34112		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 13302 Tampa, Florida 33681		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the ne</u> e:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		

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>	Name	. Address	Type of Action
AMBR	Mabel T Muza-Eiseman		Add
			Remove
		PO Box 13302 Tampa, Florida 33681	■ Change
		•	□ Add
			Remove
			☐ Change
			☐ Add
			□ Remove
			☐ Change
			· 🗆 Add
			Remove
			Change
			D Add
			Remove
			Change
			☐ Add
		 	Remove
			☐ Change

Page 3 of 3

Typed or printed name of signce

Mabel T Muza-Eiseman

Filing Fee: \$25.00