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SECTION SECTION

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COVER LETTER

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TO: Registration So Division of Cor			
	SIOCATES LLC		
SUBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Washington Gee		
		Name of Person	
	Flex Assiocates		
	 	Firm/Company	
	2241 N Monroe St #1430		
		Address	
	Tallahassee, Fl 32303		
		City/State and Zip Code	
	g_magic_6@yahoo.com		
For further information		to be used for future annual report no	otification)
	concerning this matter, please c		
Washington Gee		904 589-5147 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fcc	■ \$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		Street Address:	agtion
Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 FEB 10 AM 8: 13 (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALL ANASSEE, FL FLEX ASSIOCATES LLC The Articles of Organization for this Limited Liability Company were filed on ______ 12, 2023 and assigned Florida document number L23000026406 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLEX ASSOCIATES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

City

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
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Effective date, if oth if an effective date is listed Note: If the date insee document's effective	ed, the date must be spec rted in this block doe	ific and cannot be prior s not meet the applic	able statutory filing	(optional) te than 90 days after filing requirements, this date	g.) Pursuant to 605.0207
ne record specifies a de ord is filed.	layed effective date, b	out not an effective ti	ime, at 12:01 a.m. or	the earlier of: (b) Ti	ne 90th day after the
Dated February 10		, 2023	·		
	Vashagter le	ee		f a member	
	7	re of a member or auth	orized representative o	f a member	