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S. ROBERTS

JUN 2 3 2023

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	10-FLO ENTER	PRISES, LLC	
	Name of Emilio	е видину сопрану	
The enclosed Articles of	Amendment and fee(s) are subm	itted for fining.	
Please return all correspo	ndence concerning this matter to	the following:	
	Cynthia K.	Monroe - Harri	5
	MO-FLO E	A. Monroe - Harris Name of Person FLO ENTERPRISES, LLC Firm/Company 5. WASHINGTON STREET Address 6. FL 32347 City/State and Zip Code 1. City/State and Zip Code 2. Code Use Used for future annual report notification) 1. please call: 1. Arri S at (850) 843 - 2078 Area Code Daytime Telephone Number 1. See & S55.00 Filing Fee & S60.00 Filing Fee.	
	_		
		•	
	<u>CYNTMON</u> L-mail address: (to	oce yanoo, (an) be used by future annual report not	ification)
For further information c	oncerning this matter, please cal	l:	
٨		5_at (<u>850</u>)_843-	2078
J Name o	l Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ection
Division of C		_	
P.O. Box 632			
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MO-FLO ENTERPR	ISES LIC					
(Name of the Limited Liability Company (A Florida Limited Lia	fability Company)					
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/8/2023}{2000000000000000000000000000000000$						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability	lity company here:					
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	20.					
(Principal office address MUST BE A STREET ADDRESS)	rt.					
Trincipal office dautes most be fisher abovess						
Processing the second second second	<u> </u>					
Enter new mailing address, if applicable:	*:1					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>					
Name of New Registered Agent:						
N 0 1 100 111						
New Registered Office Address:	Enter Florida street address					
	City Zip Code					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is					

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
MGR	Cynthia K. Monroe-Harns	503 W. Green Street	√ Add
		503 W. Green Street Perry, FL 32347	□Remove
			Change
		~~~	🗀 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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(II an effect <u>Note:</u> If	date, if other than the date of filing:
he record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 28 . 2023. Cyrthw K. Monroe-Harris Signature of a member or authorized representative of a member
	Cypthia H. 4//orrol-Harris
	ynthia K. Monroe-Harris Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00