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(Req	uestor's Name)	
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PINISION OF LORF OR STATE TO

08/24/23

COVER LETTER

TO: Registration So Division of Cor			
Flats Bandi	•		
SUBJECT:	N	5. 415.125. (Communication)	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
,	Melanie Gannon		
		Name of Person	
	Flats Banditas LLC		
	 	Firm/Company	
	304 Hills Road		2023 AUG 24
	***************************************	Address	——— UG 2
	Nokomis, Florida 34275		ф ф Р
	captmelgannon@gmail.com	City/State and Zip Code	2023 AUG 24 PM I2: 40
	E-mail address: (to be used for future annual report notification	0 3
For further information c	concerning this matter, please ca	all:	
Melanie Gannon		941 539-0531	
Name o	of Person	at () Area Code Daytime Telep	hone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flats Banditas LLC						
(<u>Name of the Limited Liabi</u> (A Flori	ility Companida Limited Li	y as it now appe ability Company	ars on our rec	ords.)		
The Articles of Organization for this Limited Liability Florida document number	Company v	vere filed on _	/24/23		_ and ass	igned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liabil	ity company	<u>here</u> :			
The new name must be distinguishable and contain the words "Li	imited Liabilit	ty Company," the	designation "l	.L.C" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:		··· · · · · · · · · · · · · · · · · ·				
(Principal office address MUST BE A STREET ADL	DRESS)		 			
					2023 AUG	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						<u> </u>
(Multing dualess MAT BE A 1031 OTTICE BOX)			-		בר	64. 39.
					.: 22	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ddress on our	records, <u>en</u>	ter the <u>name</u> o	of the ne	w registere
Name of New Registered Agent:	·					
New Registered Office Address:						
	-	Enter F	lorida street ad	dress		
			 	Florida		· · · · · · · · · · · · · · · · · · ·
N. D. San January C.		City			Zip Code	
New Registered Agent's Signature, if changing Register						
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete _l l agent as p ered office :	performance rovided for ir	of my duties i Chapter 60	, and I am fan 05, F.S. Or, if	niliar wi this doc	th and ument 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
			□Add
			□Remove
			□Remove
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ective date, if other than the date of filing reflective date is listed, the date must be specific and		(option	nal)	e 11911
te: If the date inserted in this block does not m	eet the applicable statute	ry filing requirements, this	date will not be list	ted a
cument's effective date on the Department of S	ate's records.			
cord specifies a delayed effective date, but not	an affactive time, at 12:0	La milion the earlier of: (b)	The O0th day after	e the
s filed.	in circeive time, at 12.0	t a.m. on the carrier of. (b)	The 70th day and	.1 11110
August 16	2023			
ed	<u> </u>			
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