L23000363697

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| SUBJECT: | Flo Uni | NN 116 | |
| | Name of Lin | nited Viability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | Jorge Cabrera Name of Person | |
| | F | O Union LC Firm/Company | |
| | 390 | Olo 34th St E Address | |
| | Brad | ENTON FL 3H208 City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | OVM ification) |
| For further information e | oncerning this matter, please c | all: | |
| Vivi di UM Name o | a Cabrera Person | at (<u>941</u>) <u>281 –</u> Area Code Daytin | OS23 ne Telephone Number |
| Enclosed is a check for the | ne 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 Addres Registration S | Section | Street Address: Registration Sc | |
| Division of C P.O. Box 632 | | Division of Co The Centre of 1 | |
| Tallahassee, I | | | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp. (A Fiorida Limited | nany as it now appears on our record Liability Company) | <u>ls.</u>) |
|--|--|--------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L230003(o3(o91</u> . | y were filed on() | 2023 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab. | IIA | |
| The new name must be distinguishable and contain the words "Limited Liab. | | |
| Enter new principal offices address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | , 1 |
| | | জ — |
| Enter new mailing address, if applicable: | NIA | <u>:</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new registered |
| | | |
| New Registered Office Address: 3900 | 34 th St E Enter Florida street address | s |
| _Brac | denton Fr | orida <u>3420}</u> Zip Code |

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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|---|----------------|
| MGRM | Jorge Cubrera | 3906 34th St E Brading Viridiana Cabrera | HON FLISADO |
| | | Viridiana Cabrera | Remove |
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| effective date is listed, the date inserted in | an the date of filing: ate must be specific and cannot be this block does not meet the the Department of State's re | applicable statutory fili | (option on the control of the contro | filing.) Pursuant to 60 |
| ord specifies a delayed e filed. | ffective date, but not an effec | rtive time, at 12:01 a.m | on the earlier of: (b |) The 90th day aft |
| d <u>August</u> | 120 |)23 | | |
| | Cition and the contract of the | or authorized representation | and a management | |



September 15, 2023

JORGE CABRERA 3906 34TH ST E BRADENTON, FL 34208 US

SUBJECT: FLO UNION, LLC Ref. Number: L23000363697

We have received your document for FLO UNION, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 323A00021349

RECEIVED
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