Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5863

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

Email	Address:	RLOPS@PARASEC.COM	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLAATS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Help

K. SALY

OCT 1 0 2023

To: 18506176383 From: 19166105073 Date: 10/10/23 Time: 3:04 PM Page: 03/06

COVER LETTER

Div	ision of Cor	porations						
SUBJECT:	FLAATSILC							
S(/14/1.(,1)		Name of Limi	ted Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are subr	nitted for filing					
Please return	i all correspo	ndence concerning this matter t	o the following					
		FRANCES SEVERE						
	Name of Person							
			Firm/Company					
		2804 Gateway Oaks Dr ST						
		Address						
		SACRAMENTO CA 9583.	3					
		City/State and Zip Code						
		RLSOS@PARASEC COM		· · · · · · · · · · · · · · · · · · ·				
			o be used for future annual report no	dification)				
For further in	sformation co	oncerning this matter, please ca	11					
FRANCES S	SEVERE		800 8548534					
	Name of	Person	at () Area Code Dayt:	me Telephone Number				
Enclosed is a	check for th	e following amount						
≡ \$25.00 F	iling Fee	f.) \$30.00 Filing Fee & Certificate of Status	Costs of Filing Fee & Certified Copy (additional copy is enclosed)	L1 \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose				

TO:

Registration Section

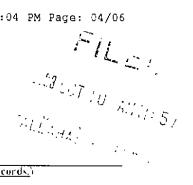
Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

To: 18506176383 From: 19166105073 Date: 10/10/23 Time: 3:04 PM Page: 04/06

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FLAATS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	offity Company were filed on $\frac{\partial Sd}{\partial t}$	33/2023 and assigned			
Florida document number 1.23000456968					
This amendment is submitted to amend the follow	ing.				
A. If amending name, <u>enter the new name of th</u>	ge limited liability company her	<u>.e</u> :			
The new name must be distinguishable and contain the word	is "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	2.1)				
		Total Control			
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our re aere:	cords, enter the name of the new registere			
Name of New Registered Agent:		,			
New Registered Office Address:					
	Enter Florida street address				
	Cur	Florida 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 inbility company has been notified in writing of this change.

To: 18506176383 From: 19166105073 Date: 10/10/23 Time: 3:04 PM Page: 05/06

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

Title	<u>Name</u>	Address	Type of Action
MGR	Cecelia Moss	15523 Long Cypress Dr, Ruskin, FL 33573	□ Add
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			🗆 Add
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ective date	, if other than	the date of f	ilina.			·	(optional	ıx.	
effective date	is listed, the date	must be specifie	and cannot	be prior to date	of filing or mo	re than 90 day	s after filin	g.) Pursuar	nt to 605.020
ument's effe	te inserted in the ective date on th	is block does r ie Department	of State's r	e applicable si ecords,	atutory ming	requiremen	is, this dat	e wiii not	be listed a
cord specific	es a delayed effe	ective date, but	not an effe	etive time, at	12:01 a.m. o	n the earlier	of: (b) 1	The 90th d	lay after the
s filed.									
	10/10		a	.20					
ed	101.10		_ , _ o Cl	<u>023</u> .					
		Pag	15M						
		Signature	of a menyer	or authorized r	epresentative o	of a member			
			##						