

L25005091.99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

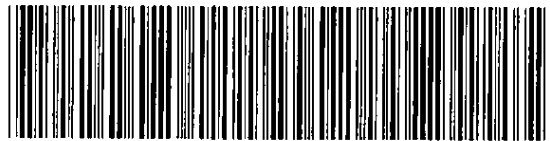
(Business Entity Name)

(Document Number)

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2024 AUG 21 PM 5:00  
CLERK OF STATE  
TALLAHASSEE, FL

IS FILING  
08/21/24

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FLEX SENSES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARIDAD SOLA

Name of Person

FLEX SENSES LLC

Firm/Company

8315 NW 34 DRIVE

Address

MIAMI, FL 33122

City/State and Zip Code

CARI@ROCKFITNESS.LIVE

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

SEP 11 2007 PM 5:00

30

For further information concerning this matter, please call:

CARIDAD SOLA

646 3004440

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

**If Changing Registered Agent, Signature of New Registered Agent**



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

RECEIVED  
DEPT. OF STATE  
TALLAHASSEE, FL  
AUG 13 2024  
PM 5:00

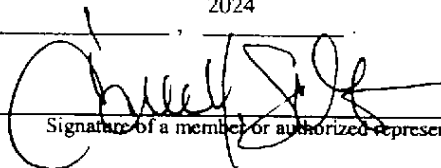
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 13, 2024



Signature of a member or authorized representative of a member

CARIDAD SOLA

Typed or printed name of signee

Filing Fee: \$25.00