## L2400016196

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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7/16/24 KX4

,

## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

Flooker Co.	nstruction, Group, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Karweemah Adams			
		Name of Person		
	Flooker Construction Grou	p. LLC		
		are submitted for filing.  s matter to the following:  S Name of Person  on Group. LLC  Firm/Company  Ln  Address  750  City/State and Zip Code  .com  indexess: (to be used for future annual report notification)  please call: at (		
	2037 Prairie Sage Ln			
		Address		
	Longwood, FL 32750			
		City/State and Zip Code		
	karweemah@gmail.com			
	E-mail address: (	to be used for future annual re	port notification)	
For further information of	oncerning this matter, please c	all:		
Karweemah Adams		• • • • • •	071	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Address				
Registration Section Division of Corporations				
P.O. Box 6327			-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Florida Limit	праду as it now appears од от ed Liability Company)	ır records.)	
	my were filed on 01/05/202	24 and assigne	
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wing:			
the limited li	iability company here:		
ords "Limited Li	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:			
T ADDRESS		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			
	ce address on our record	s, enter the name of the new re	
s here:			
na			
<del></del>	Enter Florida str	eet address	
	_		
	City	, Florida Zip Code	
	ability Compa owing: the limited li ords "Limited Li able: T ADDRESS, BOX)	the limited liability company here:  ords "Limited Liability Company," the designate able:  na  T ADDRESS)  na  BOX)  egistered office address on our records here:  na  Enter Florida streen	

## 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
AMBR	Karweemah Adams Williams	2037 Prairie Sage Ln Longwood, FL 32750	🗀 Add
			□Remove
			Change
AMBR	Elijah Adams	2351 NW 34 Ave Lauderdale Lakes, FL 33311	□ Add
			□Remove
			<b>■</b> Change
AMBR	Abey M Adams Adasah	3561 NW 5th Place Lauderhill, FL 33311	□ Add
			□Remove
			\equiv Change
			□ Remove
			□Change
			□ Add
			□Remove
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			□ <b>A</b> dd
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			□Change

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	Karwcemah Adams Williams	A.					
Karweemah Adams Williams			Signature of a membe	т от authorized re	presentative of a mem	her	<del></del>
BAD WECHARI ANDARIS WILLIAMS		Kanunamah Adama	Williame				