# L24000105135

(R	Requestor's Name)	_
(A	address)	
. (A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer	
	Office Use Only	



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# Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 3/7/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1235036

ORDER ENTITY

FLO24 LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FLO24 LLC (FL)

File the attached amendment

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NOTES:

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, March 7, 2024 Page 1 of 1

### **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration So Division of Cor			
FLO24 LL SUBJECT:	c		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Peter A. Lagonowicz, Esq	ŀ	
		Name of Person	<del></del>
	Shutts & Bowen		
	<del></del>	Firm/Company	
	######################################		
		Address	
	Miami, Florida 33131		AH VSSE
	<u> </u>	City/State and Zip Code	
	plagonowicz@shutts.com	(to be used for future annual report notification)	- FF FF
For further information of	concerning this matter, please c	•	
Peter A. Lagonowicz, E.	sq.	305 415-9536	
Name o	of Person	Area Code Daytime Telephone Num	ber
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy is enclosed)
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLO24 LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L24000108985	y were filed on March 6, 2024	and assig	gned
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	Hits Comment the decimation "I I C" or the	abbreviation "L.I.	<u>C"</u>
the new name must be distinguishable and contain the words. Limited Liac	miny Company, the designation LLC of the	approviation 15.0	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		<u></u>	
	,		
Enter new mailing address, if applicable:	•	2 <u>. 4</u>	
• • • • • • • • • • • • • • • • • • • •	Č	// © <b>₹</b>	क्र <del>िकेट</del> र, कॅं. २ <i>३</i>
(Mailing address MAY BE A POST OFFICE BOX)		no o	
	r		
B. If amending the registered agent and/or registered office	address on our records enter the ne	111	registerec
agent and/or the new registered office address here:	address on our records, <u>enter the ne</u>	me or the new	10_10/10/10
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street address		
	Emer I arran Sireel address		
	, Florida,	Zin Code	
	City	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>	Name	Address	Type of Action
MGR	Paolo Olmi	200 S. Biscayne Blvd. #4100 (PAL), Miami, FL 33	3131 <b>≅</b> Add
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E. Effective date, if other than the	e date of fil	March	6, 2024	filing or more	op)	tional)	nt to 605.020
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	plock does no Department o	of State's reco	plicable statt ords.	utory filing re	quirements, th	nis date will not	be listed as
f the record specifies a delayed effect ecord is filed.	ive date, but 1	not an effecti	ve time, at 12	2:01 a.m. on 1	he earlier of:	(b) The 90th d	ay after the
Dated March 7		2024					
,							
The Caler	<u> </u>						

Filing Fee: \$25.00