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(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 : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\ddot{\Sigma}$

EFILE1234@INCFILE.COM Email Address:___



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FL1224 LLC**

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration S Division of Co			
FL1224 L			
SUBJECT:	Name of Lim	nited Liability Company	·
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	,
Please return all corresp	oondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
			
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report noti	tientian)
For further information	concerning this matter, please c		
LOVETTE DOBSON	•	l 888-462-345	3
	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Sallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL1224 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 Liability Company were filed on 04/10/2024 Florida document number 1.24000170748	and assi	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
FLI211 LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	bbreviation "L.L	C.''
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter the nan agent and/or the new registered office address here:	ne of the new	register
	ne of the new	register
Name of New Registered Agent:	ne of the new	register
agent and/or the new registered office address here:	ne of the new	register
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	228 1127 +3	register
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	223 8.23 -3 1	register

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.

f Changing Registered Agent,	Signature of New I	Registered Agent

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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
			🗆 Add
			□Remove
		 	□Change
			□ Add
			□Change
			🗆 Add
			□Remove
			[T]Change
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			□Remove
			□Change

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