

L24 000 250 8 43 (61)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

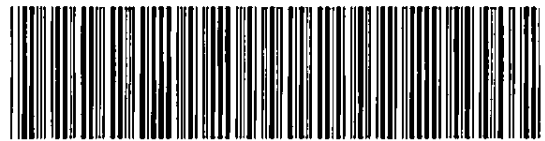
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/24--01008--018 **25.00

2024 JUN 21 PM 3:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLOTJUN 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:

Patrick McKinney
Name of Person

FLOTJUN LLC
Firm/Company

5 Red Top Lane
Address

Palm coast, FL, 32164
City/State and Zip Code

Patrick @ thecajunbeach.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick McKinney at (386) 344-2983
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLOJUN 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 06/03/2024 and assigned
Florida document number U24000250843

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5 Red Top Lane
Palm Coast, FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5 Red Top Lane
Palm Coast, FL 32164

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Patrick McKinney

New Registered Office Address:

5 Red Top Lane, Palm Coast, FL 32164

Enter Florida street address

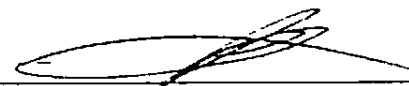
Palm Coast, Florida 32164

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patrick McKinney	5 Red Top Lane	<input type="checkbox"/> Add
		Palm Coast FL 32164	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Joseph Aspesi	227 Seaside Landing Dr. S	<input checked="" type="checkbox"/> Add
		Flagler Beach, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charles David Lee	211 Ocean Palm Drive,	<input checked="" type="checkbox"/> Add
		Flagler Beach, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Eric Kaminaris	8 KannaBolls Place	<input type="checkbox"/> Add
		Palm Coast FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Patrick McKinney 75%

Joseph Aspesi 15%

Charles David Lee 10%


E. Effective date, if other than the date of filing: 06/12/24 (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 June 12, 2024


Signature of a member or authorized representative of a member

Patrick McKinney
Typed or printed name of signer

Filing Fee: \$25.00