L2500157707

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700450220537

05/05/25-+01022--016 **25.00

Son re

COVER LETTER

TO: Registration S Division of Co		•	
FLAREKO	DIN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TYLER C WHITWORTH		
		Name of Person	<u></u>
	FLAREKOIN LLC		
		Firm/Company	
	PO BOX 465		
		Address	
	LAKE HAMILTON FL 33	3851	
		City/State and Zip Code	 :
	TCRYALS@PROTON.ME	to be used for future annual report notificatio	on)
For further information	concerning this matter, please c		
TYLER C WHITWOR	тн	813 3954430 at ()_	
Name	of Person		phone Number
Enclosed is a check for	the following amount:		
≡ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Section	
Division of 0 P.O. Box 63	Corporations 27	Division of Corpora The Centre of Tallal	
Tallahassee,		2415 N. Monroe Str Tallahassee, FL 323	eet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAREKOIN LLC		
(Name of the Limited Liah (A Flor	pility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability lorida document number L25000157707	Company were filed on 04/02/2025	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "I	.imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
	<u> </u>	:
Enter new mailing address, if applicable:	· 	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TYLER C WHITWORTH	909 W MAIN ST LAKE HAMILTON FL 33851	≣ Add
			□Remove
			□ Change
MGR	DEBRA J WHITWORTH	909 W MAIN ST LAKE HAMILTON FL 33851	□Add
			🗏 Remove
			🗏 Change
MGR	CLAY W WHITWORTH	909 W MAIN ST LAKE HAMILTON FL33851	□Add
			Remove
			□Change
			🗆 Add
		<u>.</u> :	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			·			
 _						
						
						
			····			
					- : :	
						.
						·
						•
					,	
				<u> </u>		
n effective date is l te: If the date in	other than the date listed, the date must be sp nserted in this block do we date on the Departn	pecific and cannot be jooes not meet the ap	plicable statutor	ng or more than 90 days		
ecord specifies a is filed.	delayed effective date	, but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after the
ted	April 28	2025	·			
ســـ	////	1-11/-				
	Mic Signa	ature of a member or	authorized represe	ntative of a member		<u>.</u>

Filing Fee: \$25.00