

1124 60005669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

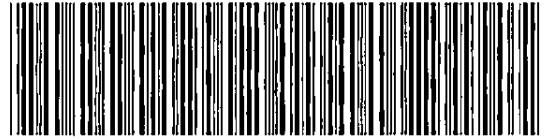
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600428439166

2024 MAY 13 AM 9:06  
STATE  
TALLAHASSEE, FL

RECEIVED  
2024 MAY 13 PM 3:26  
TALLAHASSEE, FLORIDA

A. HUNT

05/13/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 05/10/24  
Order #: 1504694-1  
Re: Flow House LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
120000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED  
MAY 10 2024  
TALLAHASSEE, FL  
9:07 AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flow House LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Romano

\_\_\_\_\_  
Name of Person

c/o Gunderson Dettmer Stough Villeneuve Franklin & Hachigian,

\_\_\_\_\_  
Firm/Company

1250 Broadway, 23rd Floor

\_\_\_\_\_  
Address

New York, NY 10001

\_\_\_\_\_  
City/State and Zip Code

stella@flow.life

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Romano

at ( 212 ) 430-4249

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☒ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2021  
10  
10 AM 9:07  
STATE  
OFFICE  
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Flow House LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M24000005669

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 3, 2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Flow FS LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
|                        |             | _____          | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

Mariestella Templo

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

CSC AMEND-1262

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FLOW HOUSE LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FLOW FS LLC" ON THE TENTH DAY OF MAY, A.D. 2024, AT 1:43 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2024 MAY 10 AM 9:07  
JWB:JTB  
10:55:07 PM



  
Jeffrey W. Bullock, Secretary of State

3474041 8320  
SR# 20242036631

Authentication: 203450478  
Date: 05-10-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)